



Families and Wellbeing Policy and Performance Committee

Date:	Monday, 9 September 2013
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST/PARTY WHIP

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.

Members are reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

2. MINUTES (Pages 1 - 10)

To approve the accuracy of the minutes of the last meeting of the Families and Wellbeing Policy and Performance Committee held on 9 July 2013.

3. THE ROLE OF CO-OPTees AND PARTNERS (Pages 11 - 18)

To consider the report of the Members of the Co-optees Task and Finish Group

4. CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST - COMMUNITY MENTAL HEALTH SERVICE AND LEARNING DISABILITY SERVICE REDESIGN (Pages 19 - 30)

To consider the report of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

5. WIRRAL SAFEGUARDING CHILDREN'S BOARD AND SAFEGUARDING ADULTS PARTNERSHIP BOARD - UPDATE REPORT (Pages 31 - 36)

To consider a joint report and receive a presentation from the Director of Children's Services and Director of Adult Social Services

6. PUBLIC HEALTH - DEPARTMENTAL PLAN (Pages 37 - 74)

To receive a presentation by the Director of Public Health/Head of Policy and Performance

7. QUALITY ASSURANCE FRAMEWORK AND STANDARDS IN CARE HOMES (Pages 75 - 92)

To consider a report by the Director of Adult Social Services

8. THE OUTCOMES FOR LOOKED AFTER CHILDREN (Pages 93 - 134)

To consider a report by Members of the Looked After Children Task and Finish Group.

9. FAMILIES AND WELLBEING DASHBOARD (Pages 135 - 144)

To consider the report of the Strategic Director of Families and Wellbeing

10. PUBLIC HEALTH DASHBOARD (Pages 145 - 160)

To consider the report of the Director of Public Health/Head of Policy and Performance

11. POLICY UPDATE (Pages 161 - 166)

To consider any policy updates that falls under the remit of Families and Wellbeing

12. FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE - WORK PROGRAMME (Pages 167 - 170)

To consider the report of the Chair of the Families and Wellbeing Policy and Performance Committee

13. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

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FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

Tuesday, 9 July 2013

Present: Councillor W Clements (Chair)

Councillors P Hayes S Niblock
M Hornby T Norbury
S Mountney D Roberts
C Povall W Smith
M McLaughlin J Stapleton
P Brightmore P Williams
B Mooney J Williamson

1 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST/PARTY WHIP

Councillor Hornby declared a personal interest by virtue of his appointment as a trustee/Director of Voluntary and Community Action Wirral.

Councillor Roberts declared a personal interest by virtue of her appointment on the Management Committees of Arch Initiatives and Wirral Council for Voluntary Service.

Councillor P Williams declared a personal interest by virtue of her appointment on the Management Committees of Arch Initiatives.

Members declared a personal interest on all items relating to Schools by being virtue of them being LEA appointed Governors.

2 INTRODUCTIONS AND WELCOME

The Chair, Councillor Wendy Clements welcomed Members to the first meeting of the Families and Wellbeing Policy and Performance Committee and indicated that this was a very challenging Committee with a huge remit. She encouraged Members to participate in debate and stressed the importance of the scrutiny function and their role within it.

3 **MINUTES**

RESOLVED:

That the accuracy of Minutes of the meetings of the last meetings of the Children and Young People Overview and Scrutiny Committee on 18 March 2013 and the Health and Well Being Overview and Scrutiny Committee held on 13 March 2013 and 28 March 2013 be approved.

4 **TERMS OF REFERENCE AND AREAS OF RESPONSIBILITY FOR THE FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE**

The Committee considered the report of the Director of Public Health/Head of Policy and Performance informing of the Terms of Reference of the Policy and Performance Committees as set out in Article 6 of the Council's Constitution.

The report indicated that the specific service areas that fall under the remit of the Committee were detailed in Appendix 2 to the report.

Fiona Johnstone, Director of Public Health/Head of Policy and Performance gave a presentation to Members which outlined the key principles, purpose, and committee structure; it also highlighted the remit of the Committee which was also included in the briefing pack (Minute 12 refers) and the meeting procedure rules.

Ms Johnstone indicated that following consideration of the report at the Co-ordinating Committee on 3 July 2013, it was agreed that all cross cutting work would be referred to that Committee for consideration. Ms Johnstone indicated that further minor amendments were made to the meeting procedure rules these would be incorporated into the final document.

RESOLVED:

That the report and the procedure rules detailed in Appendix 1 to the report be noted.

5 **POLICY AND PERFORMANCE PROCEDURE RULES**

The Committee considered the report of the Director of Public Health/Head of Policy and Performance which outlined the meeting procedure rules under which formal meetings of the Policy and Performance Committees should be undertaken. In line with Article 6 of the Council's Constitution, the Policy and Performance Committee was responsible for determining the Overview and Scrutiny rules and operational protocols. The draft meeting procedure rules were agreed at Co-ordinating Committee held on 3 July 2013 (Minute 11 refers).

Ms Fiona Johnstone, Director of Public Health/Head of Policy and Performance introduced the report and indicated that a question had been raised by the Members of the Co-ordinating Committee regarding their role in relation to work programmes. Members agreed that these would be developed by each of the Policy and Performance Committee and overseen by the Co-ordinating Committee. The meeting procedure rules would be amended to reflect this change.

In relation to the call-in procedure, this had been tested recently at a call-in dealt with by the Co-ordinating Committee on 24 June 2013 and in relation to written documentary evidence, the Co-ordinating Committee agreed that in future this would be accepted only in exceptional circumstances and in consultation with the party Spokespersons.

RESOLVED:

That the report and the procedure rules as detailed in Appendix 1 to the report be noted.

6 THE ROLE OF CO-OPTees

The Committee considered the report of the Director of Public Health/Head of Policy and Performance which provided an overview on the role of the co-optees in the former Overview & Scrutiny Committees and presents some proposed options for the role of co-optees on the new Families and Wellbeing Policy and Performance Committee.

Ms Fiona Johnstone, Director of Public Health/Head of Policy and Performance suggested that the Committee established a Task & Finish Group to look at the issue and made recommendations to be considered by the Committee at its next meeting in September 2013.

Members agreed that this was a sensible approach and commented that there was a role for co-optees; however, clarification was needed as to what that role was.

Members stressed the need for the co-optees to be involved in the Committees deliberations and commented that at the former Overview & Scrutiny Committee for Health and Wellbeing, the Chief Executive of Arrowe Park Hospital and representatives from the CCG's had regularly attended. Members felt that any questions posed to them should be done so within a public forum. Representatives from Outside Bodies also regularly attended and contributed to the Committee which was invaluable. In response to Members comments, Ms Johnstone suggested that these issues could be included in the work to be undertaken by the Task & Finish Group.

The Chair suggested that the Task & Finish Group also looked at the role of Education Sub-Committees to include the 0-19 Standards Sub-Committee.

The Chair asked the Committee for nominations for the Task & Finish Group, these were agreed as follows:

Councillor M McLaughlin
Councillor D Roberts
Councillor P Williams
Councillor M Hornby

Councillor S Niblock (Deputy)

RESOLVED:

That a Task & Finish Group be established with the membership to include Councillors McLaughlin, Roberts, P.Williams, Hornby and Councillor Niblock as Deputy to look at the options for membership and the role of co-opted members and also education sub-committees e.g. 0-19 Standards Sub-Committee and report back to the Committee in September 2013.

7 FAMILIES AND WELLBEING DIRECTORATE PLAN

The Committee considered a joint presentation from Clare Fish, Strategic Director of Families and Wellbeing, Chris Beyga, Head of Delivery, Adult Social Services Department and Julia Hassall, Director of Children's Services outlining the Families and Wellbeing Directorate Improvement Plan for 2013 - 2016 and the improvement journeys of both the Children and Young People and the Adult Social Services Departments detailing the vision for 2016; organising services differently and the priorities for the departments.

In relation to the Improvement Plan, Ms Fish indicated that the Improvement Plan focused on four main themes; managing the money, delivering differently, working together and transforming our business.

The Directorate needed to contribute to the savings needed to provide a balanced budget; work on their approach to commissioning services and letting of contracts, and the effective delivery of internal services such as combined safeguarding for services for children and adults.

Ms Fish indicated that she would be looking at best practice models across the country, integration opportunities to enable services to be pooled making them more effective, and improved working practices with improved IT services would also be considered.

Ms Hassall indicated that following a visit from a peer challenge team in June/July 2012 looking at how the Department provided family support to vulnerable children, the team felt that the Department focused on those young

people in the community with lower levels of need more than those with more complex needs, requiring multiagency intervention. Following this Children's Services developed a new approach to targeting services with a view to reducing the number of children needing more specialist support. This approach incorporated the work with Troubled Families.

Ms Hassall indicated that new organisational arrangements for delivering Children's Services were now in place:

- Universal Services provided core statutory functions in respect of schools as well as co-ordinating partnership arrangements
- Targeted Services provided a new integrated approach to working with vulnerable families, alongside a new cross phase school school improvement service
- Specialist Services provided social work support to meet the needs of some of the most vulnerable children as well as services for children with special educational need and/or disabilities.

Safeguarding and quality assurance services were being strengthened to become a corporate safeguarding team in future, which would work across the Families and Wellbeing Directorate.

It was reported that the recruitment process was still on-going for the Head of Targeted and Specialist Services posts.

In relation to the educational outcomes for Looked After Children (LAC) in care, in terms of education, Ms Hassall indicated that the outcomes were not as good as they should be, this was being looked at by the Corporate Parenting Group which was a multi-agency group looking at all aspects of LAC in care. Ms Hassall agreed to circulate the Minutes of Corporate Parenting Group to Members.

Ms Hassall indicated that the Troubled Families Programme allocated each family a worker specifically appointed to co-ordinate services tailored to their needs.

In relation to Adult Services, Ms Beyga indicated that the Department would be working alongside Children's Services to provide an integrated service for disabled children through to adulthood (SEND), the service would be responsible for managing the integration process. Members indicated that the transition was a big issue and it was pleased to see that this was being developed.

With regards to day centres, Ms Beyga indicated that services currently available were being redesigned to enable a wider choice to be made available in relation to daytime activities.

In response to concerns raised in relation to personal budgets and domiciliary care, Ms Beyga indicated that these were areas that the Department were currently developing to suit the needs of the individual and that work had been undertaken with home care providers to enhance their services giving people a choice in the care they received.

RESOLVED:

That Officers be thanked for their presentation

8 FAMILIES AND WELLBEING DASHBOARD

The Committee considered the report of the Director of Public Health/Head of Policy and Performance which outlined the proposed performance management report to support the delivery of the Corporate Plan for 2013/14.

The report detailed the priorities set out in the Council's Corporate Plan into a coherent set of performance outcome measures and targets. The Committee was informed that they would be used to evaluate the achievement of strategic priorities over the next year of the Plan.

It was anticipated that the development of the Corporate Plan would be an iterative process during 2013/14 based on the feedback and requirements of Elected Members and portfolio leads. It would run in parallel to the wider development of the underpinning business planning and performance management infrastructure within the Council (e.g. Performance Management Framework Policy, electronic provision of performance information to Elected Members, transition from targets to outcomes).

Ms Beyga indicated that in relation to the target for permanent admissions it was felt that with the redesign of specific services this target was achievable.

In relation to the publication of those nursing homes that fell below the standard, Ms Beyga indicated that the figure were not published; regular visit were undertaken and those that were reported as a poor performance concern, officers worked alongside managers and staff to resolve the issues.

Members sought assurances that the targets set by the Department were not below the National targets, in response; Ms Fish confirmed that the targets were reflected in the Council's benchmarking and not set lower than the national targets.

In response to Members comments in relation the percentage of Looked After Children leaving care who were adopted, Ms Hassall indicated that the percentage nationally had seen a reduction, although the Council needed to

work and get those children in care where appropriate, placed with family on a permanent basis through either special guardianship or adoption.

RESOLVED:

That information contained within this report be used to inform the Committee's future Work Programme.

9 PUBLIC HEALTH DASHBOARD

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Ms Fiona Johnstone, Director of Public Health/Head of Policy and Performance indicated that Public Health England had recently published a report which ranked authorities in relation to premature mortality rates, Wirral had been ranked 144 out of 149 these related to alcohol. This was an area Public Health had made a priority.

In relation to the target for smoking quitters this had fallen below target. An action plan was attached to the report outlining the current situation and the actions proposed to meet the target set.

In relation to the impact e-cigarettes had on the smoking quitter's target, Ms Johnstone indicated that the evidence on the impact of these was not clear. Regionally the Directors of Public Health had agreed to look at this and to carry out some research. Ms Johnstone agreed to share any briefing notes arising from this regional work with Members once received. In response to Members concerns, regarding the impact on services if there was increase demand for the smoking quitters service, Ms Johnstone indicated that this would be kept under regular review to ensure a high quality service was maintained and success rates remained high.

In response Members in relation to the treatment offered to opiate users, Ms Johnstone indicated that the treatment offered was tailored to the individual but often they were assisted to recovery and where possible rehabilitation back into the community. A range of services were commissioned to offer treatment services and services linked to recovery.

RESOLVED:

That information contained within this report be used to inform the Committee's future Work Programme.

10 **SCRUTINY REVIEW SCOPE: THE IMPLICATIONS OF THE FRANCIS REPORT FOR WIRRAL**

The Committee considered the report of the Members of the Francis Report Task and Finish Group which provided an update on progress with the implications of the Francis Report for Wirral Scrutiny Review. The report sought approval for the Scope of the review as detailed in Appendix 1 of the report.

The Chair of the Task and Finish Group, Councillor C.Povall introduced the report and indicated that at present the Group had not identified any problems or cause for concern from Arrowe Park Hospital.

The Group had, had three meetings and had interviewed representatives from Healthwatch and CCG's, the Group were due to meet again on 27 July 2013.

RESOLVED:

That the Scope for the Francis Report Scrutiny Review, as detailed in Appendix 1 to the report and progress made to date be noted.

11 **FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE - WORK PROGRAMME**

The Committee considered the report of the Director of Public Health/Head of Policy and Performance, which indicated that the four Policy and Performance Committees had been established to undertake the work of the Council's Overview and Scrutiny function. Each Committee was invited to select items within their remit to be included within their work programme and it was suggested that more effective scrutiny would focus on a small number of the most relevant high priority topics. The Coordinating Committee had an additional role to ensure that there was no duplication between the works of the other Committees and to make sure that resources were available, from both Members and officers, for the work items to be completed in a timely manner. The report outlined various methods of undertaking detailed scrutiny

work and envisaged that the work programme would be monitored and updated at Committee meetings throughout the municipal year.

The report listed a number of items from previous Overview and Scrutiny Committees, where Members had requested further scrutiny work to take place by the new Policy and Performance Committees. The Scrutiny Support Officer commented that, as part of developing the new work programme, Members may wish to identify items from the list but, it would be beneficial to carry forward only those most significant items.

Members raised a number of topics they believed should be included in the Committee's work programme for 2013/2014. A Member further highlighted the need for early progress to be made, otherwise there would be no prospect of completing the body of scrutiny work before the year end. Accordingly, the Chair proposed that the party spokespersons should meet in the near future, to agree and prioritise the work programme, in order that work may commence as soon as practicable, prior to the next meeting.

Concerns were expressed by Members that not all topics identified for scrutiny could be completed by the year end due to the huge remit that the Committee was responsible for. The Chair indicated that on-going items needed to be concluded before work began on new items.

In relation to the suggestion by Members to look at the impact of the Welfare Reform, the Chair indicated that as this issue impacted on services across the Council, this item should be referred to the Co-ordinating Committee to look at.

In relation to Leisure Services, Ms Fish suggested that the Committee receive a presentation from the Department outlining their progress to date and their plans for the future.

RESOLVED:

(1) That the following items be referred to the Chair and Spokespersons for consideration for inclusion in the Committees work programme for the 2013/2014 municipal year –

- **Francis Report – on-going**
- **LAC – ongoing**
- **Domestic Violence - ongoing**
- **Health Inequalities**
- **The Impact of Alcohol Misuse**
- **Unnecessary hospital admissions**
- **Complaints report**
- **Leisure Review**

- (2) **the Co-ordinating Committee be requested to look at the impacts of the Welfare Reform;**
- (3) **the completion and prioritisation of the work programme be delegated to the Chair, party spokespersons and the independent Member of the Committee, prior to the next meeting; and**
- (4) **the Chair and spokespersons be delegated to agree to the commencement of any specific parts of the work programme prior to the next meeting of the Committee.**

12 **SCRUTINY: BRIEFING**

For ease of reference, the Director of Public Health/Head of Policy and Performance presented the comprehensive Scrutiny Briefing Pack, which had been prepared for the Families and Wellbeing Policy and Performance Committee and had previously been circulated to Members. It provided a summary of the purpose of overview and scrutiny and contained detail in relation to the relevant service areas.

The document provided an outline of the outstanding items from previous scrutiny committees and indicated the key plans and strategies and key policy drivers of relevance to the work of the Committees.

Resolved – That the Briefing Pack be noted.

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

9TH SEPTEMBER 2013

SUBJECT:	<i>THE ROLE OF CO-OPTEEES AND PARTNERS</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>MEMBERS OF THE CO-OPTEEES TASK & FINISH GROUP</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>NOT APPLICABLE</i>

1.0 EXECUTIVE SUMMARY

- 1.1 This report presents the findings of work undertaken by the Co-optees Task & Finish Group, which was initiated by the meeting of the Families and Wellbeing Policy & Performance Committee, held on 9th July 2013.

2.0 BACKGROUND

- 2.1 Scrutiny Committee arrangements were amended at the start of the current municipal year (Annual Council, 13th / 20th May 2013). The newly formed Families and Wellbeing Policy & Performance Committee largely replaced the remits of the former Children and Young People's Overview and Scrutiny Committee and the Health and Wellbeing Overview & Scrutiny Committee. Five co-optees (that is, non-Council members) had previously been appointed to each of these former Committees.

- 2.2 The Policy & Performance Committee Procedure Rules state that the Families and Wellbeing Policy and Performance Committee and any sub-committee dealing with education matters shall include in its membership the following co-optees:

- (a) One Church of England diocese representative
- (b) One Roman Catholic diocese representative
- (c) Two parent governor representatives

These members will be voting members of the committee or sub-committee of which they are a member. Where the Policy & Performance Committee / sub-committee deals with other matters (that is, non-education matters) these statutory consultees shall not vote on those matters, though they may stay in the meeting and speak.

In addition, Policy and Performance Committees or their sub-committees are entitled to recommend to Council the appointment of a number of non-voting co-optees. Co-options may relate to a prescribed period of office or to specific issues under consideration.

2.3 At the meeting of the Families and Wellbeing Policy & Performance Committee, held on 9th July 2013 a report was presented entitled 'The Role of Co-optees'. Members agreed that, given the extensive remit of the new Policy & Performance Committee and the increased Councillor membership (now fifteen), there was an opportunity to review some ways of working. As a result, it was agreed that a Task & Finish Group would be formed to formulate proposals regarding:

- The role of co-optees
- The role that partners should play in Committee meetings and in the wider scrutiny process
- The potential role for permanent sub-committees

2.4 The following Members were appointed to form the Task & Finish Group:

- Cllr Wendy Clements (Chair)
- Cllr Mike Hornby
- Cllr Moira McLaughlin
- Cllr Denise Roberts
- Cllr Pat Williams

3.0 METHODOLOGY

The Members recognise the valuable contribution made by the co-optees on the former committees and the commitment shown. The Members were therefore keen to hear the views and perspectives of the co-optees and their thoughts on how the new arrangements could work most effectively.

The Members invited all of the former co-optees to attend a meeting to explore issues which included:

- Their experience as a co-opted member
- Their involvement in previous Task & Finish work of scrutiny
- How the skills and experiences of non-Council members can be used most effectively in the future

Subsequently, the Members met to discuss relevant issues and further reflect upon the co-optees views and opinions.

4.0 GENERAL OBSERVATIONS

The Members recognised the valuable contribution that the co-optees have made. All co-optees expressed their desire to remain a member of the full Committee as they had found this a positive and rewarding experience. Some co-optees expressed a view that there is a requirement to train and provide induction to non-elected representatives to enable them to better understand their role and responsibilities.

Co-optees also reflected that they found Committee meetings a useful source of information which they fed back to their individual organisations. They would not like to lose this opportunity.

There was some frustration among co-optees that, in the past, some had been voting members (statutory members) while others did not have a vote at Committee meetings.

Co-optees also stated that they brought a wide range of experiences which was much broader than the specific sector that they represented at Committee.

5.0 THE FUTURE ROLE OF CO-OPTees

Members debated a number of key questions and points of agreement are summarised below:

5.1 What does the committee want co-optees and / or non elected member representatives to do?

- Engage and influence families and wellbeing matters
- Fully utilise skills and experiences to inform debate and policy development
- Provide challenge and act as a critical friend
- Provide an advisory role and offer guidance
- Represent views and experience of different sectors of the community, for example, service users, carers, patients, older people, church, parent governors, and children & young people.

Why was this agreed?

- Members felt that this represented the positive input that co-opted members are able to provide.
- Some of the co-optees expressed similar views particularly around their ability to provide advice and guidance. Co-optees also felt that they were able to represent the views and experience of the communities in which they live and work.
- Co-optees stated a desire to contribute to wider debates across the work of the Committee. It was said that there appears to be a significant focus on health scrutiny with less energy given to internal Council matters.

5.2 How does the committee want them to do this?

The Task & Finish Group Members supported the following options:

- Attend Reference Groups
It is proposed to introduce a Reference Group of non-elected representatives, who will represent a broad sector of organisations to cover the remit of the Families and Wellbeing Policy & Performance Committee – health, public health, social care, safeguarding, older people, children & young people and leisure, ensuring that views of both service users and service providers are heard. These representatives will be known as Reference Group advisors and will provide expertise and guidance to Members, ensuring that, on a regular basis, views and advice is available from a broader range of experts than just Council officers.

Reference Group advisors will be available to advise committee members on specific areas of the work programme most relevant to their areas of expertise and skills. The introduction of a Reference Group would give the opportunity for advisors to nominate their areas of interest and, therefore, be included in

pieces of work most likely to meet their interests, skills and experience. It is hoped that advisors will find this work more rewarding than attending committee meetings, the agendas for which may include few items directly relevant to their interests and experiences.

Furthermore, there would be an opportunity to select advisors that are best able to support the specific work programme of the committee. The term of office of advisors, other than the statutory co-optees, could be renewed on an annual basis when the work programme is refreshed. In this way, it could be ensured that the composition of the Reference Group reflected the broad themes of the Committee's work programme.

It is proposed that the Reference Group comprises a core group of members which would include all existing co-optees, with additional members available to support specific work programme items.

- **Attend permanent Sub Committee meetings**
The Members of the Task & Finish Group considered whether the work of the former 0–19 Standards Sub-committee should continue within the new Committee structure. It is recommended that the creation of an Attainment Sub-Committee to deal with education issues in its broader sense provides a potential solution. The four statutory co-optees will be members of this sub-committee. If this proposal is agreed it is recommended that the three Spokespersons are given delegated authority to agree the membership and remit of the Attainment sub-committee. It is suggested that the Attainment sub-committee will report its findings to the Families and Wellbeing Policy & Performance Committee. It is also suggested that the remit of the sub-committee will be broader than education matters by also focussing on issues related to the wider determinants of attainment and the 'Narrowing the Gap' agenda.
- **Participate in Task & Finish Groups**
As part of the new scrutiny arrangements it is envisaged that there will be a greater role for Task & Finish Groups than has been the case in the past. Therefore, there is an opportunity for both Reference Group advisors and the statutory co-optees to play a part in the work of Task & Finish Groups either as members of the Task & Finish Group or in acting as witnesses and providing evidence.

Why was this agreed?

- This approach will enable a more flexible use of advisors to be made; making use of particular experiences and skills at the appropriate time.
- The use of individuals could be tailored to specific issues based on the interests, expertise and experience of the individual and the organisation which they represent.
- The establishment of an Attainment sub-committee will enable particular focus on those issues and enable statutory co-optees to play a significant role in the scrutiny of the issues for which their role is devised, as well as the wider determinants of attainment.
- The proposal will enable the Council to meet its statutory requirements but will also enable statutory co-optees to engage in wider issues as core members of the Reference Group.

- The recommended approach will prevent the Families & Wellbeing Policy & Performance Committee from becoming too large, which potentially could have stifled debate.
- Some co-optees expressed support for more organisations working together constructively. Some co-optees also felt that working in small groups on specific issues provided the opportunity to ask more detailed questions in a more comfortable environment than a formal Committee meeting.
- The use of a Reference Group enables more organisations to have a direct input to the scrutiny process. In this respect, the proposal will be more inclusive than current arrangements.

5.3 How will non elected member representatives be selected?

The statutory co-optees will be nominated as previously, namely:

- One Church of England diocese representative
- One Roman Catholic diocese representative
- Two parent governor representatives

These members will be voting members of Attainment sub-committee, although they will be only entitled to a vote on education-related matters.

It is proposed that a list of organisations will be compiled which reflect the remit of the committee. It is suggested that the list will be compiled by officers in consultation with the Chair and Spokespersons and an attempt will be made to ensure that the list broadly reflects the priorities of the Committee's work programme. Subsequently, once agreed, the organisations will be contacted in order to nominate a representative.

Why was this agreed?

- The primary focus of the Attainment sub-committee will be education-related issues. As the statutory co-optees have a vote on education-related matters only, the broad remits of those co-optees and that sub-committee are aligned.
- The Reference Group will be most effective if the interests of the membership reflect the activities and work programme of the Committee.

6.0 SUMMARY OF PROPOSALS

In Summary, the Task & Finish Group Members have agreed the following approach:

- 6.1 A Reference Group comprising representatives of relevant organisations will be established. These representatives will be called upon to provide advice and challenge on topics which are directly relevant to their experience, skills and interests.
- 6.2 All existing co-optees will no longer be members of the Families and Wellbeing Policy & Performance Committee but instead will be invited to be members of the Reference Group.
- 6.3 Officers, in consultation with the Chair and Spokespersons, will compile an initial list of prospective members of the Reference Group and write to request nominations.
- 6.4 An Attainment sub-committee will be established to undertake the work formerly done by the 0 – 19 Standards sub-committee as well as examine the wider determinants of attainment.

- 6.5 Membership of the Attainment sub-committee will include the four statutory co-optees. Any existing terms of office will continue and steps will be taken to fill any vacancies.
- 6.6 The membership of the Reference Group will be reviewed on an annual basis to ensure that the experience and skills of the membership is consistent with topics of the Committee's work programme.

7.0 THE ROLE OF PARTNERS

In reflecting on the role of co-optees, Members also considered it timely to review the role of partners within the future arrangements.

7.1 What is the role of partners in the new arrangements?

Health partners have attended meetings of the previous Health & Wellbeing Overview & Scrutiny Committee. In the past, the approach taken with partners has varied, with different partners being treated differently. This has not been a conscious decision but has evolved over time with custom and practice.

The Task & Finish Group propose that four key health partners, namely, Wirral Clinical Commissioning Group (CCG), Wirral University Teaching Hospital (WUTH), Cheshire & Wirral Partnership Trust (CWP) and Wirral Community Trust, will be invited to attend Committee meetings in order to provide advice to the Committee and to be held to account for the services they deliver. It was recognised that the onus would be on the Committee to appropriately balance these two roles.

The Task & Finish Group also considered the role of other partners and recognised that they had a valuable contribution to make to the work of the Committee. These partners will be invited to meetings as and when appropriate.

Members agreed that joint scrutiny arrangements will be organised with neighbouring authorities as and when required to scrutinise substantial variation to services. This will apply when proposals for major changes to health services cross local authority boundaries.

Why was this agreed?

- The Task & Finish Group Members felt that it would be helpful for the key partners to be present. This would be in a similar capacity as senior Council officers, that is, not as a member of the Committee but to advise the Committee Members and be accountable for the services they deliver.

8.0 RECOMMENDATIONS

- 8.1 Committee Members are recommended to approve the approach set out in Section 6.0.
- 8.2 The Chair and Spokespersons are authorised to finalise details of the remit, reporting mechanism and membership of the Attainment sub-committee.
- 8.3 The four main health partners, as detailed in the report, will be invited to attend all meetings of the Families and Wellbeing Policy & Performance Committee in order to provide advice to members and to be held to account for the services which they provide.
- 8.4 The Chair is requested to write to the co-optees thanking them for their contribution and to advise them of the Committee's decision.
- 8.5 The proposed arrangements will be reviewed at the end of the current municipal year.

Reference Papers

'The Role of Co-optees', Families and Wellbeing Policy & Performance Committee, 9th July 2013

Report of the Co-optees Task & Finish Group Members:

Cllr Wendy Clements (Chair)

Cllr Mike Hornby

Cllr Moira McLaughlin

Cllr Denise Roberts

Cllr Pat Williams

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WIRRAL COUNCIL

FAMILIES AND WELL-BEING SCRUTINY COMMITTEE

9TH SEPTEMBER 2013

SUBJECT:	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST (CWP) COMMUNITY MENTAL HEALTH SERVICE REDESIGN
WARD/S AFFECTED:	ALL
REPORT OF:	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST (CWP)
KEY DECISION? <i>(Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.)</i>	NO

1.0 EXECUTIVE SUMMARY

This report is to brief committee members on the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) implementation of the Community Mental Health Service Redesign.

2.0 BACKGROUND AND KEY ISSUES

2.1 This briefing provides an update on the implementation of the "Stepped Approach to Recovery" (StAR) within CWP.

Following a period of consultation on the proposed changes to CWP community mental health teams, the agreed model (StAR) was implemented on 29th May 2013.

The agreed changes have been supported by detailed transition, implementation and evaluation plans, which are monitored within CWP's governance framework, with a detailed report to be completed 12 months post implementation.

The identified benefits of the model were to:

- Improve access to services
- Enhancing the focus on recovery
- Make more effective use of staff resources

Improve Access to Services

The development and implementation of the Access service allows for a single point of access into adult mental health services, resulting in a single assessment process, reducing multiple assessments and allowing the appropriate signposting to other services thus ensuring that service user receive “the right care, at the right time by the right person”.

Focus on Recovery (and well-being)

The stepped approach to recovery allows for a more flexible response to individual need and care planned and delivered accordingly. The service user is easily stepped up or down between the recovery component of the team, where service users with complex needs are supported under enhanced CPA, and the review team where the focus is on enabling the individual to manage their mental health, stay well and move on in their recovery. The development of health and wellbeing and recovery education hubs is being rolled out across the service following pilots of the service which demonstrated positive outcomes for patients.

Effective Use of Staff Resources

Staff skills have been matched to the needs of service users, thus allowing for the development of nurse-led clinics, new ways of working, increased practical support and a focus on health and wellbeing. New roles have been introduced in collaboration with non-statutory services and further developments are planned with other NHS providers.

The Community Mental Health Teams continue to operate within the Care Programme Approach (CPA)

3.0 RELEVANT RISKS

3.1 There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. These have been used to inform the evaluation process put in place to monitor the changes.

5.0 CONSULTATION

5.1 As part of the consultation process, between September 2012 and December 2012, CWP held six public meetings and three additional drop-in sessions across Cheshire and Wirral with over 200 people in attendance. 3,000 hard copies of the consultation document were distributed with information on the consultation sent to local GP Patient Participation Groups, voluntary and community sector organisations, over 15,000 Foundation Trust members and a personal letter and factsheet sent or given to all service users potentially affected by the change.

As well as giving people the chance to express their opinions on the proposals via a wide variety of events and meetings, a questionnaire was also produced with the 239 responses independently analysed by Liverpool University. The results are available within a consultation outcome report available on CWP's website www.cwp.nhs.uk and this was shared with Trust Board in December 2012 and concerns raised form part of the evaluation framework.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 CWP work in close collaboration with a wide range of community groups and actively seek opportunities for stronger partnerships. A jointly commissioned piece of work between Public Health on Wirral and CWP on the ABCD approach to community connections and understanding community assets is being undertaken. This will help with connecting people with mental health problems into the communities in which they live enabling community participation and individual growth and sustainability around well being.

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 The review and subsequent implementation of StAR forms part of the NHS efficiency saving requirements, of which the Trust has to achieve over £13m of savings over the next three years. The review of the community mental health service is part of this process and was in keeping with CWP's earlier consultation where we support was received for redesigning care pathways and new ways of working (for example nurse-led clinics) in our public consultation in 2010: *"Developing high quality services through efficient design."*

8.0 LEGAL IMPLICATIONS

8.1 None

9.0 EQUALITIES IMPLICATIONS

9.1 Completed as part of the initial proposals.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 None

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 None

12.0 RECOMMENDATION/S

12.1 That committee members note the report and comment on CWP's implementation of StAR.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Well-being Overview and Scrutiny Committee	10th September 2012

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WIRRAL COUNCIL

FAMILIES AND WELL-BEING SCRUTINY COMMITTEE

9th SEPTEMBER 2013

SUBJECT:	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST (CWP) LEARNING DISABILITY REDESIGN
WARD/S AFFECTED:	ALL
REPORT OF:	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST (CWP)
KEY DECISION? <i>(DEFINED IN PARAGRAPH 13.3 OF ARTICLE 13 'DECISION MAKING' IN THE COUNCIL'S CONSTITUTION.)</i>	NO

1.0 Report Summary

1.1 This report is to provide an update on the outcome and implementation of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Learning Disability Service re-design to the Wirral Health and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 To note the contents of this report.

3.0 Reasons for Recommendations

3.1 To progress the programme proposals as outlined in the report

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable

6.0 Policy Implications

6.1 Not applicable at this stage

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

7.1 None for the local authority

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None for the local authority

9.0 Risk Management

There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. We have used these assessments to inform the evaluation process we plan to put in place to monitor the proposed service change to:

- demonstrate the benefits outlined in the consultation are achieved and
- potential adverse impacts are minimised.

10.0 Background

10.1 In February 2013, the Wirral Health & Well-Being Board was advised on an intention to conduct public consultation on proposals to change learning disability services provided by Cheshire & Wirral Partnership FT NHS Trust. The key areas for consultation were:

- Care Pathways: establish an improved clinical model with better service user outcomes
- Community learning disability teams: Redesign LD community services
- Inpatient Services: Reduce the reliance on inpatient facilities

10.2 Proposals regarding changes to learning disability services were subject to a three month public consultation (14th January – 7th April).

10.3 Between January and April we held five public meetings and three additional drop-in sessions across Cheshire and Wirral. 5,000 hard copies of the accessible consultation document were distributed, including a personal letter and factsheet to 1300 household addresses of all service users open to learning disability services at that time. 15,000 Foundation Trust members also received consultation information via the membership newsletter Engage.

10.4 Presentations were made to the Wirral Enabling Fulfilling Lives Learning Disability Group and discussions were held at Clinical Commissioning Group meetings. Support for service users on an individual basis was also provided.

10.5 Public events were held in Wirral, both in the day and evening.

10.6 As well as giving people the chance to express their opinions on the proposals via this variety of events and meetings, 343 responses to the consultation questionnaire were received and independently analysed by Liverpool University.

11.0 Feedback from Public Consultation

11.1 The results have been shared and approved by Trust Board on 26th June. The feedback was informative and extremely supportive of:

- adopting a care pathway based model;
- enhancing community services
- reducing reliance on inpatient assessment and treatment beds (closure of Kent House);

11.2 In addition, changes to the staff resource levels and skill mix has been made following internal learning to ensure safe and high quality inpatient assessment and treatment services.

11.3 Of those who commented, a number of concerns were raised against which we have provided the following assurances:-

Themes identified following independent analysis – contained within the consultation outcome report available on our website www.cwp.nhs.uk	CWP considerations
Resource levels: respondents expressed their concerns about resource levels, and possible funding cuts to the service.	In the proposal we are seeking to maintain or increase investment in community services, this is being achieved in the context of the need to make cost efficiencies across the whole of the NHS.
Locality of services: comments regarding the locality of services, particularly in relation to Wirral, where the closure of some local services seem to have generated anxiety around issues of travel and practical access to services and respites for service users and carers.	We acknowledge these proposals have caused anxiety in regard to the perception that Wirral is losing services. We have sought to increase community services and will support service users and carers should Wirral residents access inpatient services in Chester.
Autistic and autism-related conditions: concerns regarding care and service provision for service users with autistic and autism-related conditions.	We understand the significance of autism as a condition associated with a learning disability. We have proposed clinical nurse specialist at Band 8a to lead in each locality re challenging behaviour and autism, and introducing a Consultant Nurse Role for the first time in Challenging Behaviour and Autism.
Introducing a care pathway approach: concerns that the term “care pathway is difficult to understand” and queries around service users who have needs	Work has continued, led by the professional leads in learning disability services on raising awareness and promoting the understanding of the care pathway approach - which means

<p>within different pathways.</p> <p>Assurance sought that expertise within “care pathway teams” would be shared.</p>	<p>developing a variety of means to explain what a specialist learning disability has to offer and what support is available for service users and carers.</p> <p>This process will also focus on raising awareness that the principle pathway of care will be determined by the main presenting health need at the time of delivery of a service. Additional health needs will be addressed at the same time in as part of an individualised care plan.</p> <p>We have also provided assurance that expertise within community learning disability teams will be available based on the needs of service users and carers and clarified that our approach along the lines of 4 main areas of care did not intend to indicate “teams within teams”.</p>
<p>Reducing reliance on inpatient assessment and treatment services: agreement that inpatient services should only be used when really needed but concerns about capacity to meet need.</p> <p>Queries/concerns that supporting people in the community will work.</p> <p>Concern and seeking assurances re impact of proposed closure of Kent House on family carers, maintaining contact with their relative and maintaining community presence if accommodated in an assessment and treatment unit outside of Wirral.</p> <p>Concerns around implications for family and friends who have to travel further distances to inpatient services.</p>	<p>We welcome agreement with the direction of travel to reduce reliance on inpatient assessment and treatment services. Whilst acknowledging that for a number of people with complex health needs, being supported in the community is extremely challenging, we are advocating the use of the least restrictive options in the community as an alternative to inpatient care.</p> <p>We will continue to work on measures to support family and friends maintain contact with service users within inpatient services. These issues will be addressed on an individual basis and reflected in transition and implementation plans. Whilst reducing the overall level and proportion of financial resource within inpatient assessment and treatment services, the proposal to close one inpatient unit (Kent House) allows us to provide a more robust staffing structure within the two remaining assessment and treatment units.</p> <p>We have however acknowledged that the proposal to close Kent House may impact on family carers and maintaining community</p>

<p>Questions about the shift in resource from inpatient to community services.</p>	<p>presence. Both these impacts will be monitored as part of a transition and implementation plan. The service director will also continue to meet with colleagues from Wirral CCG to address and concerns raised.</p> <p>We will also continue to work with colleagues in mental health services to ensure provision of assessment and treatment beds for people with mental health needs as appropriate in local services. This will be in line with the Greenlight document. Assurance has also been provided that any changes will improve the safety and effectiveness of care and treatment of service users and carers.</p>
<p>Enhancing support in the community: Queries as to whether there will be enough staff to support service users to remain in the community.</p> <p>Questions about whether staff will be available out of hours.</p> <p>Questions about staff roles in relationship to pathway working and how this links to the individual service user.</p> <p>Lack of understanding about CWP services and the role of the community team.</p> <p>The importance of joint working between health and social services.</p> <p>Improved population profiling is required to anticipate future needs of people with a learning disability.</p> <p>Health co-ordination posts: assurance sought that changes to these posts be discussed with commissioners.</p>	<p>The proposal is based on our intention to redirect resources from inpatient to community services, making the best use of our resources at the present time.</p> <p>Staff will be expected to work flexibly to meet service user needs and it is not intended that we have 'teams within teams'. Clinicians will work across the pathways and we will ensure that we have the right staff, with the right skills to meet service user needs.</p> <p>As part of an implementation plan we are working on clearly defining the care pathway approach which includes staff working flexibly to respond to crisis and raising awareness and promoting the understanding of the specialist learning disability services.</p> <p>CWP is also actively engaged in discussions with social service colleagues in relation to options of integration.</p> <p>Population profiling will be addressed as part of an implementation plan and written</p> <p>Acknowledgement has been given, and assurance provided, that health co-ordination posts will continue within this proposal.</p>

Health facilitation posts: assurance sought that the role of Health Facilitator will continue or increase.	Acknowledgement has been given, and assurance provided, that health facilitation posts will continue within this proposal.
Evaluation	CWP will evaluate and monitor the impact of the changes and on patient safety during the implementation phase. The evaluation of the success of the project will be based on the key quality indicators as identified in the quality impact assessment and a review of the changes will be led by the Service Director for 12 months post implementation (Sept 2014). The evaluation will be presented to Board meetings.

Cheshire and Wirral Partnership NHS Trust has written to all partners, organisations, Clinical Commissioning Groups to notify them of the outcome of consultation in which we will acknowledge all feedback & provide assurances. In addition, presentations on consultation outcomes will be made to Clinical Commissioning Groups and the Enabling Fulfilling Lives Group..

12. Implementation Plans

12.1 An implementation plan has been developed to take forward the proposals with an implementation date of 1st September 2013.

12.2 Learning Disability Services, led by Interim General Manager, Kate Fleming and Dr Mahesh Odiyoor, Clinical Director is progressing to implementation and will in due course commence a formal evaluation of the new service model and will communicate with and ensure the continued involvement of service users, carers, staff and partners over the coming months.

12.3 Ongoing progress continues to take place in Wirral: we do not anticipate any disruption to service users, carers or partners as in the majority of cases there will be no change to the individual staff members providing services. We are offering individual support to service users and carers who will access assessment & treatment services in Chester to enable transport and access to services on Wirral as appropriate.

12.4 We are completing materials which will help communicate what learning disability specialist services have to offer, and over the course of the next 3 months intend to raise awareness amongst service users, carers and partners of our services and how we can help address complex health needs.

12.5 We are closely monitoring the use of inpatient assessment and treatment beds since the closure of Kent House in the Wirral, and we have noted that occupancy has not significantly increased, and we continue to have sufficient capacity to meet demand for inpatient beds.

12.6 We are working closely with the Local Authority and Clinical Commissioning colleagues to further develop support to people in crisis and in accordance with Winterbourne View recommendations, how we can support clients returning to the locality from out of area.

12.7 Following receipt of feedback from public consultation, we noted a high level of anxiety regarding arrangements for transition from children to adult services across Cheshire and Wirral. As a result we have begun a series of meetings with Health and Local Authority partners to consider how we might improve transition across all services.

12.8 Finally, the locality is still in the process of developing plans for this year in terms of identification of future efficiencies, and how as an integral partner in the provision of the learning disability services in Wirral, how closer integration with local authority social services and GP Practices as agreed with respective Clinical Commissioning Groups could be achieved.

12.9 Further information on the consultation and implementation can be found on the CWP website at www.cwp.nhs.uk

13.0 Access to information

Further information relating to this report can be provided by contacting the presenting officer:

Name: Dr. Mahesh Odiyoor
Designation: Clinical Director
Tel No: 01625 663631
Email: mahesh.odiyoor@cwp.nhs.uk

Encl. Equality Impact Assessment

Z:\John Courtney\Cheshire East LD Redesign Report Sept 2013.docx

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

SUBJECT:	WIRRAL SAFEGUARDING CHILDREN'S BOARD AND SAFEGUARDING ADULTS PARTNERSHIP BOARD- UPDATE REPORT.
WARD/S AFFECTED:	ALL
REPORT OF:	<i>DIRECTOR OF CHILDRENS SERVICES AND DIRECTOR OF ADULT SOCIAL SERVICES</i>
KEY DECISION	NO

1.0 EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide updates from the Wirral Safeguarding Children's Board (WSCB) and Safeguarding Adults Partnership Board (SAPB) on key safeguarding developments locally and nationally including regulatory reform, updates on the progress of serious case reviews and WSCB and SAPB priority areas and challenges for the partnership and agencies.

2.0 BACKGROUND AND KEY ISSUES

2.1 **WSCB and SAPB Joint Activity.** Wirral Safeguarding Children Board (WSCB) and Safeguarding Adults Partnership Board (SAPB) have a number of joint activities, these are as outlined below.

Appointment of Independent Chair. Bernard Walker has been appointed as the Independent Chair of both the WSCB and the SAPB. Bernard has 14 years experience as the Executive Director of Health and Well Being in Wigan, and has most recently served as the Chair of the Adults Faculty at the College of Social Work.

MASH Development. Multi-Agency Safeguarding Hub (MASH) development is underway with partners. The Moreton Building is currently being renovated which includes necessary secure IT infrastructure. The building work is currently behind schedule and is due to be completed by early October.

Joint Safeguarding Function. The local authority will shortly be advertising for a Head of Corporate Safeguarding who will lead children's and adults safeguarding developments including establishing a joint WSCB and SAPB safeguarding function.

2.2 WSCB Safeguarding Developments

Child Sexual Exploitation. The Child Sexual Exploitation (CSE) multi-agency sub group of the WSCB has been established and oversees implementation of the CSE action plan. Recent progress includes:-

- Launch of the Pan Merseyside and Cheshire CSE Protocol at an event in July
- Agreement of a multi-agency information sharing protocol to support monthly meetings managed by Merseyside police to discuss plans for children identified as at risk of being sexually exploited

- completion of awareness raising training with police, response, health and youth workers in schools, and foster carers and residential providers
- Planning a community awareness raising project with trading standards which will focus on 'night time economy' workers who may come into contact with vulnerable children including taxi drivers, hoteliers, takeaway/ off licence staff, licensees etc. The WSCB have successfully bid for £9,900 from the Public Health outcomes fund to support this activity and an associated media campaign

Ofsted Inspection Framework. Ofsted issued proposals and a draft document for a new single inspection framework for the *Inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers*. A consultation on the proposed inspection framework ended in July 13 and Ofsted intend to implement the new framework in November. The proposed inspection framework contains a number of significant differences to previous frameworks including:-

- The previous judgement grade of *adequate* will be replaced by *requires improvement*
- Three key judgement areas – experiences and progress of children who need help and protection - experiences and progress of children looked after and achieving permanence - leadership, management and governance
- A grade of *inadequate* in any key judgement area will result in an overall grade of *inadequate*
- LSCB's will be given a graded judgement of their effectiveness for the first time
- Graded judgement will also be given for quality of adoption service and experience of care leavers

Core Child Protection Data

- Number of children on a child protection (CP) plan (30th June 13) – 317. The figure has increased from 275 recorded in March 2013, but is below the 12 month high figure of 356 recorded in August 2012
- Number of children currently on a CP plan who have been on the plan for more than two years is 12 (figure has varied between 6 and 12 over the past 12 months)
- Primary reasons for children being placed on a CP plan are neglect (47% of plans and physical abuse (40%). These figures are largely remained static over the past 12 months.
- Number of looked after children (LAC) (30th June 2013) – 669. This is the lowest figure recorded in the past 12 months. The range has been 669-698.

Current WSCB Audits. The Section 11 Audit cycle has begun across agencies. This is an annual audit undertaken by the WSCB which looks at the effectiveness of agencies arrangements to safeguarding the welfare of children and young people. Other audits currently underway include:

- Audit of how robust and fit for purpose a selection of Core Assessments are
- Audit of the assessments, plans and quality of service received by children with a disability
- Audit of multi-agency approaches to measuring neglect

Policies and Procedures. The WSCB has delivered 8 multi-agency briefings focusing on the implications of the new Working Together 2013 document. The WSCB is also undertaking work across the region and with the support of Tri-X (who publish our

procedures) to make sure all policies and procedures are Working Together compliant. Reviews are currently taking place of the Child Sexual Exploitation procedure, the Integrated Working Guide and Domestic Violence Practice Guidance.

Regional Joint Working. The WSCB is exploring opportunities to share some wider functions with other LSCB's in Merseyside and Cheshire as a way to join up working and potentially make savings. Recent collaboration across LSCB's has resulted in an agreed Pan Merseyside and Cheshire Protocol for Child Sexual Exploitation and the WSCB is part of a joint bid for central government funding to create a combined Merseyside and Cheshire safeguarding training function.

2.3 SAPB/ Adults Safeguarding Developments

Strategic Developments

- The board, executive and sub groups have been the subject of a self assessment process presented to the board in March. The board subsequently approved a facilitated away day for members to consider other structures and approaches to achieve greater effectiveness and cooperation with LSCB colleagues.
- Sub groups; WSCB and SAPB training sub groups have amalgamated to form Learning and Development sub group, which is working to implement a training need analysis, including safeguarding adults. A revised board work plan has been drafted and the board will be invited to approve in September.
- A SAPB Communication Strategy has been agreed and is being progressed. Materials, including plasma screen displays and printed material are awaiting final approval. An internet page has been fully developed and is regularly maintained
- Cathie Williams, LGA Safeguarding lead, has been commissioned to support the development of both governance arrangements for the joint unit and also to support professional development and practice improvements in Adult safeguarding. The first meeting to scope the work is scheduled for September. This will cross connect with our professional standards and provider contracts lead. Cathie will be completing a Peer review as part of this work.
- Making Safeguarding Personal: The council has volunteered to participate in the development of a national project led by the LGA to 'make Safeguarding personal'. DASS representatives will be attending a workshop in September and then engaging in the operational application of the principles over the following months.
- Internal Audit will be completing a safeguarding review, commencing September.

Regional Developments. Graham Hodgkinson is now leading the NW Safeguarding Group on behalf of ADASS to identify and coordinate the development of safeguarding initiatives across the region and line with national guidance.

Safeguarding Team. In anticipation of the appointment of a corporate safeguarding lead, strategic safeguarding issues are being retained with their commensurate departments.

The safeguarding team has been recently enhanced after the appointment of new members (3 FTE PO8's) working to a safeguarding manager. The 3 PO8's will support

both strategic developments, whilst retaining an operational focus also. Each will have a lead area and immediate priorities have been agreed:-

1. Neil Maycox, who has an extensive background in mental health, will be leading the review of safeguarding within mental health services
2. Rachael Crockett, who has extensive clinical and social work experience, will be leading on the review and development of processes at WUTH, building on the good relationship with the WUTH safeguarding team.
3. Julie Hunt, has extensive safeguarding experience across a number of local authorities and in the care sector, will be leading the review and development of safeguarding those with Learning Disabilities

The ALADO process is now fully established and is utilised well by provider partners and agencies, the process is managed between the safeguarding unit and QA staff.

The team continues to develop and maintain effective contributions to:-

- The domestic abuse MARAC on a fortnightly basis and Hate Crime MARAC, which is jointly chaired by the DASS safeguarding manager, who is collaborating with the voluntary sector in an effort to fund and establish two third party reporting centres on the Wirral, to address the huge under reporting of disability hate crime in particular.
- The relationships with co-located NHS safeguarding colleagues are now highly developed, leading to effective information sharing and joint work.
- The delivery of bespoke safeguarding training in the form essential pathways, multi-agency domestic abuse training and WRAP workshops. (workshop to raise awareness of PREVENT. This is the Government strategy for diverting vulnerable people away from radicalisation towards committing extreme acts of terrorism)
- MAPPA, Joint Action Groups for repeat offenders and domestic homicide reviews.

3.0 RELEVANT RISKS

- 3.1 The provision of effective safeguarding services for children, young people and adults, at risk of significant harm or who have experienced significant harm is an area of work demanding constant attention, monitoring and oversight. This report seeks to provide assurance that practice developments and systems are in place to do this; however, there can never be any room for complacency. This remains an area of considerable risk.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 No other options were considered as a part of this report.

5.0 CONSULTATION

- 5.1 The developments outlined within the report have been discussed by the Wirral Safeguarding Children's Board and Safeguarding Adults Partnership Board.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 6.1 There are no direct implications associated with this report.

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 Members will note the progress made to date in ensuring that Safeguarding Officer posts are recruited to by the SAPB. Pending the appointment of a corporate safeguarding lead, strategic safeguarding issues are being retained with their commensurate departments.

8.0 LEGAL IMPLICATIONS

8.1 There are no legal implications.

9.0 EQUALITIES IMPLICATIONS

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

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

<http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesion/equality-impact-assessments/eias-2010-0>

(b) No because there is no relevance to equality.

(c) No because of another reason which is

** Delete the two answers above which don't apply.*

10.0 CARBON REDUCTION IMPLICATIONS

10.1 There are no direct implications associated with this report.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 Providing effective safeguarding services directly impacts on safety within the community.

12.0 RECOMMENDATION/S

12.1 Members are asked to note the content of the report

13.0 REASON/S FOR RECOMMENDATION/S

13.1 Members have a responsibility to assure themselves that the council is taking appropriate action to ensure that safeguarding services provided by the Council are effective.

REPORT AUTHOR:	David Robbins WSCB Board Manager telephone: (0151) 666 4314 email: davidrobbins@wirral.gov.uk	Jacqui Evans Head of Transformation 0151 666 3938 jacquievans@wirral.gov.uk
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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



Policy, Performance & Public Health

DIRECTORATE PLAN

2013-2014

MAY 2013

CONTENTS

1. **Departmental Overview**
2. **What are we going to deliver in 2013/14?**
3. **Financial Planning**
4. **Directorate Risk Register**
5. **Workforce**
 - **Monitoring**
 - **Planning**
6. **Equality and Diversity**

1. Departmental Overview

Introduction

The Policy, Performance and Public Health Directorate Plan forms part of the Council's business planning arrangements. This plan should be looked at in conjunction with the Council's Corporate Plan, individual service plans and other plans that together form the Council's overall business planning arrangements.

The Public Health and Performance & Business Intelligence teams were transferred over to Wirral Council from NHS Wirral on 1st April 2013 as a result of the transformation of the NHS and the Health & Social Care Act 2012.

Under this Act, the Council now has a new duty to take such steps as it considers appropriate for improving the health of the population of Wirral. An important step in exercising this duty is the establishment of a Health and Wellbeing Board as a statutory committee of the Council.

The Council is responsible for leading on the improvement of public health outcomes for all local people. It is the accountable body for the Wirral Health and Wellbeing Board and is therefore responsible for the development and implementation of the Health and Wellbeing Strategy as the single agreement between the board members on priorities and actions to improve the health and wellbeing of local people.

The reasons for moving the public health function to the Council is the ability to focus on the whole of the local population thereby shaping services to meet local needs, influencing the wider social determinants of health and tackling health inequalities.

The Public Health team will operate across the Council and in partnership with the Wirral Clinical Commissioning Group and NHS England to commission a range of services to meet local needs. The team is led by the Director of Public Health who is responsible for exercising the Council's new public health functions.

The business intelligence, commissioning & performance team is a corporate service which consolidates skills and experience from the council & public health to:

- facilitate evidence based decision making through the provision of intelligence expertise and resources (e.g. JSNA)
- deliver business planning & a performance management framework designed to drive delivery and improvement at all levels of the organisation
- contribute to the development of outcome based strategic commissioning
- provide specialist public intelligence to CCG partners

The Policy Unit provides support to the Chief Executive, his strategy group and Elected Members on developing corporate strategy and policies. The policy unit undertakes analysis of new policy and initiatives from central government and identifies how this may impact on the Council. This is disseminated through regular briefing papers.

The division co-ordinates the Council's overall approach to improvement including supporting the Wirral / LGA Improvement Board. Progress as been made on the Council's Improvement Plan, with a key objective of the coming year to mainstream

improvement activity through the council's business planning arrangements.

The revisions to the Council's constitution and enhanced scrutiny arrangements provide a strong foundation for developing a coherent approach to overview and scrutiny, which will be a key activity for this year.

Corporate Plan Priorities

The Directorate assists the Council corporately to set and monitor the achievement of corporate priorities and help to develop the right performance management focus and culture across the organisation.

The Directorate supports the achievement of the council priorities of:

- **Protecting the vulnerable**
- **Tackling health inequalities**
- **Driving growth in our economy**

by enabling Elected Members to be well informed on current and future policy issues and there is effective collaboration between departments on cross cutting policy issues, as well as effective sharing of learning and best practice. The directorate plans to implement Public Health programmes designed to address inequalities in health.

The directorate supports the consistent use of evidence to develop Council plans and strategies and supports the wider strategic partnership of Wirral by ensuring there is a shared view amongst partners about the key challenges and opportunities for Wirral.

Directorate Objectives

The Directorate has specific responsibility for delivering key elements of the Council's Corporate Plan and three year financial strategy, supporting Chief Executive's Strategy Group to ensure both the Improvement Plan and the Corporate Plan are delivered.

The Directorate is responsible for developing a well coordinated framework for policy, scrutiny & improvement that ensures effective collaboration between elected members, partners and officers. It is therefore essential that Council staff and elected members are aware of the function and remit of the team.

The Public Health, Business Intelligence and Commissioning functions were transferred to Wirral Council from NHS Wirral on 1st April 2013. These functions are fully operational and the aim is for them to become fully integrated within Wirral Council within a shortest space of time.

These functions will strive to tackle health inequalities, protect the health of the population, influence the wider social determinants of health, prioritise its commissioning responsibilities and develop a comprehensive performance management framework within the council.

Key Partnerships

The Council proactively seeks to work with others and recognises the added value that working in partnership can bring to projects, services and initiatives. The drive to work in partnership has never been greater than in the current financial climate.

The Council's key mechanism for pursuing this agenda is Wirral's Public Service Board which brings together key partners to develop approaches to integrating services and maximising the use of public sector resources.

The Council also works strategically with partners through leading and supporting a range of other forums and partnerships. This activity is currently being reviewed to ensure that the role of individual partnerships is clearly understood. The Council is also renewing arrangement for its Local Strategic Partnership to put in place an overarching partnership executive which takes responsibility for shaping Wirral as a place and championing a long-term vision for the borough.

The Policy, Performance and Public Health Directorate is responsible for the following key partnership forums:

- The Local Strategic Partnership (currently being renewed)
- The Public Service Board
- The Health and Wellbeing Board

Also work closely in partnership with:

- ChaMps - Public Health Collaborative Service
- Community Safety Partnership

The Directorate also supports the Council's role in working with other local authorities in the City Region on a number of policy issues, for example through the Merseyside Improvement and Efficiency Partnership and Liverpool City Region Forum on Poverty and Life Chances.

Policy, Performance & Public Health Directorate Services

The Directorate is responsible for delivering / supporting the following areas:

Public Health division:

Statutory responsibilities of Director of Public Health

Health Improvement

Health Protection

Wider determinants of health

Health Care Commissioning via support to the Clinical Commissioning Group

Health & Wellbeing Board

Commissioning division and Performance & Business Intelligence divisions:

Performance Management

Business Intelligence

Commissioning
Contracting

Policy & Improvement division:

Improvement agenda
Policy & business planning
Scrutiny
Wirral Public Service Board

Key Objectives for 2013/14:

Policy

Ref	Objective	Responsible Officer	Source
POL1	<ul style="list-style-type: none"> To support the development of the Council's long term improvement goals and the organisational transformation required to achieve them by November 2013 	Head of Policy & Improvement	Corporate Plan Improvement Plan
POL2	<ul style="list-style-type: none"> To work with members to embed a well coordinated policy framework across the Council by July 2013 		Corporate Plan Improvement Plan
POL3	<ul style="list-style-type: none"> To develop a coherent and joined up approach to Overview & Scrutiny by Sept 2013 		Corporate Plan Improvement Plan Audit requirements

Performance & Business Intelligence

Ref	Objective	Responsible Officer	Source
PBI1	<ul style="list-style-type: none"> To develop, agree and implement a comprehensive business planning and performance management framework & infrastructure by March 2014 	Head of Commissioning & Performance	Corporate Plan
PBI2	<ul style="list-style-type: none"> To deliver directorate work plans for the provision of corporate Performance & Business Intelligence services by March 2014 		Directorate Plan Objectives
PBI3	<ul style="list-style-type: none"> To complete Joint Strategic Needs Assessment (JSNA) refresh cycle for 2013 for consultation with residents to produce issues report to support the Health & Wellbeing Strategy and contribute to the overall strategic direction of the council by November 2013 		Improvement Plan
PBI4	<ul style="list-style-type: none"> Establish effective information flows between Local Government and the NHS by September 2013 		
PBI5	<ul style="list-style-type: none"> To deliver the Cost Improvement Programme target set for the Performance and Business Intelligence function by March 2014 		

Public Health Commissioning

Ref	Objective	Responsible Officer	Source
COM1	<ul style="list-style-type: none"> To contribute to the development of strategic commissioning within the council (Deadline & specifics to be agreed). 	Head of Commissioning & Performance	Corporate Plan
COM2	<ul style="list-style-type: none"> To develop, agree and implement a comprehensive business planning and performance management framework & infrastructure to support business planning cycle 		Directorate Objectives
COM3	<ul style="list-style-type: none"> To migrate all appropriate provider contracts to the national Public Health services contract template by March 2014 and ensure compliance with all council policies and procedures 		

Public Health

Ref	Objective	Responsible Officer	Source
PH1	<ul style="list-style-type: none"> To finalise the schedule for re-commissioning of public health services by July 2013. 	Head of Public Health	PH Outcome Framework
PH2	<ul style="list-style-type: none"> To be ready to test the market in response to national and local needs by 31st March 2014 for services including: <ul style="list-style-type: none"> Healthy child programme for 5-19 year olds Drug and alcohol treatment services Breast feeding and weight management services 		Directorate objectives
PH3	<ul style="list-style-type: none"> To support the ongoing development of the Health and Wellbeing Board throughout 2013-14 by: <ul style="list-style-type: none"> Continuing development of the "Spotlight On Series" Developing the concept of Asset Based Community Development Monitor delivery of actions within Health and Wellbeing Strategy and facilitate mitigating actions, when appropriate 		Health and Wellbeing Strategy
PH4	<ul style="list-style-type: none"> To work with partners on a range of activities to tackle the wider determinants of health by March 2014: <ul style="list-style-type: none"> Developing a Food Plan Working with the Library Service to develop an integrated wellbeing model of service delivery Developing the Tobacco Control Strategy 		Directorate objectives

	<ul style="list-style-type: none"> ○ To maximise client and system outcomes for drug and alcohol recovery programmes ○ Working closely with the Licensing team to review the Alcohol Licensing approval process 		
PH5	<ul style="list-style-type: none"> ● To design and implement an assurance framework for Health Protection by September 2013 		Statutory responsibility
PH6	<ul style="list-style-type: none"> ● To produce the Public Health Annual Report by October 2013 		Statutory responsibility
PH7	<ul style="list-style-type: none"> ● To work with the four constituency committees to ensure action to support the health and wellbeing of local people is embedded in local action plans by March 2014. 		Corporate Plan Directorate objectives

Joint Objectives

Public Health, Performance & Business Intelligence and Commissioning

Ref	Objective	Responsible Officer	Source
PHPBI1	<ul style="list-style-type: none"> ● To deliver the Public Health offer to Wirral Clinical Commissioning Group (CCG) by March 2014 [incorporates PH advice and business intelligence support] 	Head of Commissioning & Performance / Head of Public Health	Corporate Plan Directorate Objectives
PHPBI2	<ul style="list-style-type: none"> ● To refresh the Public Health prioritisation matrix by November 2013 to support elected members in determining public health commissioning priorities 	Head of Commissioning & Performance / Head of Public Health	Corporate Plan

Directorate-wide objective

Ref	Objective	Responsible Officer	Source
PPPH1	<ul style="list-style-type: none"> ● To ensure the directorate achieves its financial targets by March 2014 	Director of Public Health / Head of Policy & Performance	Corporate Plan Directorate Objectives

Fiona Johnstone
Director of Public Health / Head of Policy & Performance

This Directorate plan has been approved by both:

Councillor Ann McLachlan,
Deputy Leader & Portfolio Holder for Governance & Improvement

Councillor Chris Meaden,
Portfolio Holder for Health and Wellbeing

2. What are we going to deliver in 2013/14?

Priority:	Tackling Health Inequalities							
Overarching Outcomes:	To increase healthy life expectancy, taking account of the health quality as well as the length of life, and; To reduce differences in life expectancy and healthy life expectancy between communities, through greater improvements in more disadvantaged communities.							
Objective 1:	Health improvement: Domain 2 – Public Health Outcomes Framework 2013-16, people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.							
PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
Page 2.47	Alcohol-related admissions to hospital	Alcohol misuse is the third-greatest overall contributor to ill health, after smoking and raised blood pressure. In Wirral, alcohol was found to be the most significant contributor to deaths at an earlier age by the Burden of Disease work carried out in 2010.	Monthly	J Webster	G Rickwood	2296.5 (forecast outturn)	2355.2	Lower is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
CP 2.14	Smoking quitters (4 weeks)	<p>Smoking is the primary cause of preventable morbidity and premature death, accounting for 1 in 5 of all deaths of adults aged 35 and over. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.</p> <p>Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.</p>	Monthly	J Webster	G Rickwood	2,738 (forecast outturn)	3,500	Higher is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.3	Smoking status at time of delivery: rate per 100 maternities	Smoking during pregnancy can cause serious pregnancy-related health problems including complications during labour, increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. The inclusion of this indicator will help ensure an appropriate focus on pregnant women.	Quarterly	J Webster	G Rickwood	12 (2012/13)	11.5%	Lower is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.4	Under 18 conceptions: rate per 1,000 population aged 15-17	<p>Teenage parents are at increased risk of postnatal depression, poor mental health and they are more likely than older mothers to have low educational attainment, experience adult unemployment and be living in poverty at age 30. Their children experience higher rates of infant mortality, low birth weight and A&E admissions for accidents.</p> <p>Wirral's teenage conception rate in 2011 (34.6/1,000) is at an all-time low compared with 1998. The rate is lower than the NW average (35.3/1,000) but slightly higher than England (30.7/1,000).</p>	Quarterly	J Webster	J Graham	<u>34.6</u> (national 2011)	<u>32.9</u> (national)%	<u>Lower is Better</u>

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.6i	Excess weight in 4-5 year olds: reception year classified as overweight or obese	Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. In Wirral, 24.7% of Reception children were overweight compared to 22.6% nationally.	Annual	J Webster	J Graham	24.7% (2011-12)	24.7%	Lower is better
2.6ii	Excess weight in 10-11 year olds: year 6 classified as overweight or obese	Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. In Wirral, 35.6% of Year 6 children were overweight compared to 33.9% nationally.	Annual	J Webster	J Graham	35.6% (2011-12)	35.6%	Lower is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.15i	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Successful completion of drug treatment results in significant improvement in health and well-being (e.g. increased life expectancy, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health). It is also well demonstrated that cessation of drug use reduces re-offending significantly which, reducing harm in local communities.	Quarterly	J Webster	G Rickwood	10.2% (2011-12)	10%	Higher is better
2.15ii	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months		Quarterly	J Webster	G Rickwood	49.9 (2012/13)	53%	Higher is better
2.22i	Take up of the NHS Health Check programme by those eligible - Health check offered	Uptake of the NHS Health Checks programme is important as it will help identify early signs of poor health leading to opportunities for early intervention. The programme is mandatory for local authorities to provide. Data collected will show how well the programme is taken up and how accessible it is.	Quarterly	J Webster	J Harvey	25.5%	20% (Q2-Q4)	Higher is better
2.22ii	Take up of the NHS Health Check programme by those eligible - Health check take up		Quarterly	J Webster	J Harvey	57.8%	50% (Q2-Q4)	Higher is better

Objective 2: Healthcare, public health and preventing premature mortality: Domain 4 – Public Health Outcomes Framework 2013-16, reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
CP 4.4	Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)	Prevention of cardiovascular disease (CVD) is just as important as treatment. CVD is one of the major causes of premature mortality (deaths in U75s) in England. There is a need to ensure that the significant health gains resulting from better treatment and improvements in lifestyle over the past decades continues.	Monthly	J Webster	J Webster	68.7	64.0	Lower is better

Objective 3:		Health protection: Domain 3 – Public Health Outcomes Framework 2013-16, the population’s health is protected from major incidents and other threats, while reducing health inequalities.						
PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
3.2	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Chlamydia causes avoidable ill-health such as pelvic inflammatory disease (PID), ectopic pregnancy and infertility. The chlamydia diagnosis rate among under 25 year olds is a measure of chlamydia control activities that can be linked to changes in chlamydia prevalence.	Quarterly	J Webster	J Graham	2,505 per 100,000 (2011)	2,505 per 100,000	Higher is better

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Detailed service plans will be developed to support delivery of the above indicators.

Performance Management Framework for projects:

Policy

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To support the development of the Council's long term improvement goals and the organisational transformation required to achieve them	To agree strategic outcomes that provide assurance to the Improvement Board that the Council is effectively managing its own improvement journey	Director of Public Health / Head of Policy & Performance Head of Policy & Improvement	November 2013
To embed a well coordinated policy framework across the Council	To regularly brief Portfolio holders on local and national policy drivers	Head of Policy & Improvement	March 2014
	To plan and deliver a Policy council		November 2013
	To produce a refreshed Corporate Plan		March 2014
	To produce a State of the borough report		June 2013
	The Local Public Service Board is further developed as a vehicle for implementing a 2030 vision		March 2014
	The Local Strategic Partnership is renewed and the annual conference takes place		December 2013
To develop a coherent and joined up approach to Overview & Scrutiny	To put in place a work programme for scrutiny that evidences member engagement and a response to policy drivers.	Head of Policy & Improvement	September 2013

Public Health:

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
Tackling health inequalities: Finalise the schedule for re-commissioning of public health services.	To establish those services that are most appropriate to prioritise for re-commissioning and develop a schedule of key commissioning milestones	Head of Public Health	July 2013
Tackling health inequalities: To be ready to test the market for key services in response to national and local needs	To test the market for the Healthy child programme for 5-19 year olds to provide an integrated offer to children and young people. This work will include a review of the school nursing programme, national child measurement programme and aspects of the Health Services in Schools Programme	Head of Public Health / Senior Public Health Manager- Living, Starting & Developing Well	March 2014
	To test the market for the Drug and alcohol treatment services. We will work with stakeholders to agree priorities for the design and structure of the proposed re-commissioned programme and service(s). We will rationalise current contracting arrangements and integrate drug and alcohol services where this will lead to improved performance and quality.	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	March 2014
	To test the market for the Breast feeding and weight management services to create a healthy weight pathway	Head of Public Health / Senior Public Health Manager- Living, Starting & Developing Well	March 2014
Tackling health inequalities:	To continue the development of the	Head of Public Health	March 2014

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To support the ongoing development of the Health and Wellbeing Board	"Spotlight On Series" which raises topical issues for consideration by the Board to inform local partnership working and planning e.g. welfare reforms		
	To further develop the concept of Asset Based Community Development by working with a number of pilot projects in the Borough e.g. promoting and supporting innovation in the recovery agenda for drug and alcohol misuse.	Head of Public Health / Senior Public Health Manager- Living, Starting & Developing Well	March 2014
	Monitor delivery of actions within Health and Wellbeing Strategy and facilitate mitigating actions, when appropriate	Head of Public Health	March 2014
Tackling health inequalities: To work with partners on a range of activities to tackle the wider determinants of health	To develop a Food Plan in partnership with other agencies to ensure a focus on prevention rather than treatment services	Head of Public Health	March 2014
	To work with the Library Service to develop an integrated wellbeing model of service delivery	Senior Public Health Manager- Living, Starting & Developing Well	March 2014
	To develop the Tobacco Control Strategy for the borough to include smokefree policies for all statutory agencies; working with Trading Standards to reduce availability of tobacco products to children and	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	March 2014

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
	young people through tackling illegal and illicit tobacco		
	To maximise client and system outcomes for drug and alcohol recovery programmes by strengthening integration between Public Health commissioned services and the Department of Work and Pensions and Work programme providers	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	March 2014
	To work closely with the Licensing team to review the Alcohol Licensing approval process	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	December 2013
Tackling health inequalities: Work in partnership with the new constituency committees to support health and wellbeing of local population	To work with the four constituency committees to ensure action to support the health and wellbeing of local people is embedded in local action plans	Head of Public Health	March 2014
Fulfilling statutory public health responsibilities	To design and implement an assurance framework for Health Protection	Head of Public Health / Consultant in Public Health	September 2013
	To produce the Public Health Annual Report	Head of Public Health / Consultant in Public Health	October 2013

Commissioning

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To contribute to the development of Strategic Commissioning (Transformational Project) within the council	<ul style="list-style-type: none"> Deadline & specifics to be agreed 	Head of Commissioning & Performance	
To design & implement a new Public Health commissioning support model and infrastructure	<ul style="list-style-type: none"> Complete establishment of new support model/team 		June 2013
	<ul style="list-style-type: none"> Finalise Phase 1 of Commissioning infrastructure (e.g. framework, policies & procedures – a parallel process in line with Strategic Commissioning Project) 		November 2013
To migrate all appropriate provider contracts to the national Public Health services contract template by March 2014 and ensure compliance with all council policies and procedures	<ul style="list-style-type: none"> Transfer relevant provider contracts to national Public Health services contract template liaising with legal and procurement teams within the council, as appropriate 		March 2014

Performance & Business Intelligence

Link to Objectives	Project/Activity	Responsible Officer	Delivery Date
To deliver directorate work plans for the provision of Performance & Business Intelligence services	<ul style="list-style-type: none"> Produce service directory (and capacity allocation) 	Head of Commissioning & Performance	June 2013
	<ul style="list-style-type: none"> Agree bespoke Directorate work plans (with Heads of Service) 		July 2013
	<ul style="list-style-type: none"> Evaluate work plans & update service directory 	Head of Commissioning & Performance	February 2014
	<ul style="list-style-type: none"> Agree work plans (by Directorate) for 2014/15 		March 2014
To develop, agree and implement a comprehensive business planning and performance management framework & infrastructure (including all policies, procedures, timetables, training materials, balanced scorecards, data flows, website footprint etc) to support business planning cycle	<ul style="list-style-type: none"> Monitor, report and performance manage 2013 Performance Management Framework components: <ul style="list-style-type: none"> - Corporate Plan - Directorate Plans - Service/Team Plans - CESG 		June 2013 (monthly onwards)
	<ul style="list-style-type: none"> Develop PID & Timetable for 2014/15 Business Planning & Performance Management Frameworks & Infrastructure (for 2013/14 cycle) 		June 2013

Link to Objectives	Project/Activity	Responsible Officer	Delivery Date
	<ul style="list-style-type: none"> Produce & agree Business Planning & Performance Management Frameworks & Infrastructure (for 2013/14 cycle) 		October 2013
	<ul style="list-style-type: none"> Complete Business Planning (inc. Performance Management Framework) process for 2014/15 		February 2014
To complete Joint Strategic Needs Assessment (JSNA) refresh cycle for 2013 for consultation with residents to produce issues report to support the Health & Wellbeing Strategy and contribute to the overall strategic direction of the council	<ul style="list-style-type: none"> Update & refresh JSNA chapters for 2013 		September 2013
	<ul style="list-style-type: none"> Update JSNA survey and disseminate to establish views of residents on key health and well being issues 		September 2013
	<ul style="list-style-type: none"> Update JSNA Key Issues document to support commissioning business planning process 		October 2013
Establish effective information flows between Local Government and the NHS	<ul style="list-style-type: none"> Agree content and format of NHS Public Health data flows from the DEMIC across Cheshire & Merseyside 		August 2013
	<ul style="list-style-type: none"> Define and agree level of support provided by Cheshire 		December 2013

Link to Objectives	Project/Activity	Responsible Officer	Delivery Date
	and Merseyside Commissioning Support Unit (CSU)		
To deliver the Cost Improvement Programme target set for the Performance and Business Intelligence function by March 2014	<ul style="list-style-type: none"> Identify ongoing opportunities for income generation locally and nationally 		March 2014
	<ul style="list-style-type: none"> Identify and agree cost savings 		June 2013

Joint Objectives

Public Health, Performance & Business Intelligence and Commissioning

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To deliver the Public Health offer to Wirral Clinical Commissioning Group (CCG) [incorporates public health intelligence and public health advice]	<ul style="list-style-type: none"> Finalise content of Public Health offer 	Head of Commissioning & Performance / Head of Public Health	June 2013
	<ul style="list-style-type: none"> Agree a work plan for 2013 		June 2013
	<ul style="list-style-type: none"> Review 2013 work plan 		February 2014
	<ul style="list-style-type: none"> Develop a work plan for Wirral CCG for 2014 		March 2014
To refresh the Public Health prioritisation matrix by November 2013 to support elected members in determining public health commissioning priorities	<ul style="list-style-type: none"> To refresh the existing Public Health prioritisation matrix 		October 2013
	<ul style="list-style-type: none"> Consult with elected members and agree public health commissioning priorities 		November 2013

Directorate-wide objective

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To ensure that directorate achieves its financial targets	<ul style="list-style-type: none"> To regularly monitor financial spend against grant allocation and address any variances as appropriate 	Director of Public Health / Head of Policy & Performance	March 14

3. **Financial Planning**

An analysis of how the £26.4m Policy, Performance & Public Health directorate budget delivers the Corporate Plan priorities is contained within the following table:

A. Revenue

Revenue Budget 2013/14		
Services (provided)	Gross Budget	Net Budget
Alcohol Misuse Adults	2,976,307	0
Children 5-19 Programmes	2,532,809	0
Drug Misuse Adults	7,577,937	0
Health Protection	47,522	0
Miscellaneous Public Health	4,689,152	0
NHS Health Check Programme	544,971	0
Obesity and Physical Activity	1,356,107	0
Sexual Health Services	3,860,251	0
Smoking Cessation	1,928,545	0
Collaborative Service	206,400	0
Performance Management	514,800	514,800
Policy and Planning	207,700	207,700
Total	26,442,501	722,500

Note: staffing costs have been apportioned across the budgets

Funding Increased Demand

Policy options supporting the following Corporate Plan Priorities		
Policy Options 2013/14	One Off funding for:	£000
N/A	N/A	

Budget Savings

Description	2013-14 £000s	2014-15 £000s	Total £000s
Council Business Intelligence team savings	TBC		

The budget linked to the transfer of services from the NHS to Wirral Council is ring-fenced for 2013-14 and 2014-15. Consequently, the directorate is looking to create efficiencies that would be used to support Public Health activity across the council for 2013-2014 estimated to be £1m.

B. Capital

In 2013/14 this Directorate will undertake the following Capital Programme activities:

Priority	Scheme	Details	£000
N/A	N/A		
Total			

4. Risk Management

Risk is the threat that an event or action will adversely affect an organisation's ability to achieve its objectives and to successfully deliver its strategies. The Directorate's strategy for managing risk is in line with the corporate approach ensuring the Departmental Risk Register is reviewed quarterly. High level risks are escalated and monitored corporately through the Corporate Risk Register.

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
PBI1 PBI2 PBI3 PBI4	PHB11	Transfer and continued flows of NHS datasets could be stopped if Wirral Council do not attain Level 2 accreditation of the Information Governance toolkit by 22 September 2013 [check date] and so be non-compliant with Public Services Network Code of Connection resulting in Business Intelligence team unable to undertake key tasks for Wirral Council & Wirral CCG	IT & Data	Tony Kinsella	Current work around in place with Business Intelligence staff having honorary contracts with NHS.	3	4	12	Bi-monthly	Resources assigned to develop project plan and deliver the key tasks to address gaps	Head of IT	August 2013
PBI1 PBI4	PHB12	Council's current IT infrastructure (incl. level of data warehousing capability and support) may not be sufficient to meet the requirements of the performance, business intelligence and	IT & Data	Tony Kinsella	Current work around in place with Business Intelligence staff using NHS servers for data warehousing	3	4	12	Quarterly	Restate business requirements and seek assurance that suitable IT infrastructure could be set up	Head of IT	Dec 13

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
		commissioning functions causing them to not deliver their tasks effectively and prevent effective performance management										
PPPH1	PHB13	Monthly data is not uploaded onto the Pathway Analytics Grouper for sexual health activity leading to an Inability to validate data against patient information and the payments by results tariff	IT & Financial	Tony Kinsella	Aware of limitations of data and provider informed of plans to audit data against previous submissions and will reconcile payments against validated data	4	3	12	Monthly	Meetings being held with Wirral Community Trust to come up with a solution to the delay in data upload	Tony Kinsella	July 2013
PH5	PH1	Assurance process for health protection not developed	Regulatory/legal/statutory	Julie Webster	Assurance model in development. Discussions with PHE taking place, model to be debated with key stakeholders	3	3	9	Bi monthly	Assurance model in place	Jane Harvey	Sept 13
PH2	PH2	Insufficient capacity to be ready to test the market for the range of services identified	People	Fiona Johnstone	Team service plan to focus staff time on identified services	3	3	9	Bi monthly	Team redesign	Julie Webster	Mar 14
PH3	PH3	Key Stakeholders are not engaged in delivering the Health and Wellbeing Strategy	Operational	Fiona Johnstone	Health and Wellbeing Board established and well attended	2	4	8	Quarterly	Develop stronger links with Public Service Board and LSP	Julie Webster	Mar 14
PI	PH4	Health Check programme – poor take up of scheme by general practitioners	Operational	Julie Webster	Discussions with CCG and LMC have taken place.	3	3	9	Bi monthly	Tailored awareness session	Jane Harvey	Jan 14

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
					Relaunch of programme planned for July 2013					planned for GPs. Training session arranged with Practice Nurses		
PH5	PH5	The leadership roles of PH England and Directors of Public Health in local authority regarding responding to a public health related incident need further clarification	Reputation / Demographic	Fiona Johnstone	Currently, there is overlap between different agencies though PH responses will happen. Process would still benefit from being clearer.	3	3	9	Monthly	Shared post with PH teams from councils across Cheshire & Merseyside to be recruited to co-ordinate on health protection agenda	Julie Webster / Kevin Carbery	Sept 13
POL2	POL1	Insufficient capacity to develop a well coordinated framework for policy, scrutiny & improvement	Organisational Development	Fiona Johnstone	Recruitment exercise underway	4	4	16	Monthly	Appoint to vacancies as soon as possible	Michele Duerden	Sept 13
POL2	POL2	Multiple demands on key elected members which could adversely impact on their effectiveness	Organisational Development	Michele Duerden	Existing Policy staff being utilised to support this area Regular portfolio holder meetings. Regular briefing of Policy & performance committee chairs	3	3	9	Monthly	Develop a work programme for scrutiny	Mike Callon	Sept 13
POL2	POL3	Key Stakeholders are not engaged in developing	Partnerships	Michele Duerden	Local Public Sector Board and Health	2	4	8	Quarterly	Further develop Local	Michele Duerden	Nov 13

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
		and implementing Vision 2030 which may result in unco-ordinated response to challenges in the borough			& Wellbeing Boards in place & meet regularly					Public Sector Board and Health & Wellbeing Boards and the wider LSP Facilitate specific stakeholder events		
POL1	POL4	Improvement activity not mainstreamed within the delivery of Council services and continues to be addressed through specific Improvement Plan mechanism.	Organisational Development	Michele Duerden	Strategic Outcomes being developed to provide assurance to Improvement Board	3	4	12	Monthly	Embed effective business planning processes	Michele Duerden / Tony Kinsella	Nov 13
PH2	COM1	The high workload associated with the re-commissioning of significant numbers of PH contracts over the next 18months could put pressure on target implementation dates	People, Financial and Strategic	Fiona Johnstone	Team planning, coordination and prioritisation	4	4	16	Quarterly	Planning meeting being put in place to review and prioritise tasks to be completed. Strategic Commissioning Transformational project	Tony Kinsella & Julie Webster	Mar 14
PPPH1	PPPH1	Failure to meet financial balance within the directorate	Financial	Fiona Johnstone	Regularly monitor financial spend against grant allocation and address any variances as	2	3	6	Monthly		Chandra Dodgson	Mar 14

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
					appropriate							

5. Workforce

A. Workforce Development

The Directorate contributes to corporate workforce planning by recognising the strengths of the current workforce and by planning to meet staffing needs for the future.

Staff work collaboratively with other departments, providing expertise in policy, performance management, public health and project management. Appropriate staff are encouraged to work in project teams, which helps to pool expertise and increase likelihood of delivering the project outcomes.

A key area of development for the Directorate is to consolidate the transitional arrangements and truly embed public health staff into the Council. Part of that development will be to ensure that all staff have completed the mandatory training for council employees.

The directorate is committed to ensuring that all staff should have a performance appraisal. It is also committed to ensuring that during the financial year ahead, relevant individuals will take a timeout to consider future plans for the directorate.

The directorate is committed to supporting continuing professional development which is both good practice and also mandatory for some individuals.

The directorate will also annually review the collective needs of the directorate staff to identify training opportunities that are common across several individuals and develop a cost effective approach to addressing these needs.

B. Workforce Monitoring

The following table provides an analysis of Directorate staff over gender, age bandings, as at May 2013.

	Female		Male		Total	
	No	FTE	No	FTE	No	FTE
Total Staff	39	34.30	14	13.00	53	47.30
Age Profile	No	%	No	%	No	%
Age 16 -19	0	0.00%	0	0.00%	0	0.00%
Age 20- 29	3	7.69%	2	14.29%	5	9.43%
Age 30- 39	17	43.59%	2	14.29%	19	35.85%
Age 40- 49	10	25.64%	7	50.00%	17	32.08%
Age 50- 54	4	10.26%	0	0.00%	4	7.55%
Age 55- 63	3	7.69%	2	14.29%	5	9.43%
Age 64	2	5.13%	0	0.00%	2	3.77%
Age 65 Plus	0	0.00%	1	7.14%	1	1.89%
Total	39	73.58%	14	26.42	53	100%

					%		
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HR are not be able to provide breakdown of ethnic origin or disability status for the Directorate as data not available for those staff transferred from NHS Wirral. This will be available later on within 2013-14 when staff are asked across the Council to complete such information onto the Self-Serve.

Ethnic Origin	No	%	No	%	No	%
White British						
Irish						
White Other						
Mixed White/Black Caribbean						
Mixed White/Asian						
Mixed Other						
Bangladeshi						
Chinese						
Asian Other						
Black African						
Black Other						
Other						
Not Declared						
Data Not available						
Total Available						
Disability						
No						
Yes						
Not declared						
Data not available						
Total						

C. Workforce Planning

Workforce Issue	Broad Skill Development Needs	Planned Actions	Financial Implications
Vacancies need to be recruited to within Scrutiny teams	n/a	Progress recruitment activity	Work within financial allocations
Review of workforce structures will take place in line with council plans	n/a	Progress review and appropriate restructures	Work within financial allocations
Staff who have newly transferred to the council from the NHS may not have	Mandatory training required in	Raise issue with staff through performance	None - Delivered through e-learning and in-house courses

Workforce Issue	Broad Skill Development Needs	Planned Actions	Financial Implications
completed mandatory training	respect of: Fraud Stress	appraisal process	

5. Equality and Diversity

The Equality Duty 2010 places legal duties on bodies including three general duties:

- To eliminate unlawful discrimination, harassment and victimisation
- To advance equality of opportunity
- To foster good relations between different groups of people

The council's Equality Group contains representation from all service areas and takes an active role in promoting equality and diversity across the Directorate and providing support at a corporate level.

A programme exists for the production and refresh of Equality Impact Assessments. The on-line Equality and Diversity Elumos training has been heavily promoted with additional training promoted on Equality Impact Assessments.

The directorate recognises that the local authority have a key role to play in reducing socio-economic inequalities, as it takes decisions that impact on housing, education, health, crime, transport, worklessness, and a whole range of other issues. The council also has a key role to play in leading and influencing a range of public sector and other partners, through the Local Public Service Board and local strategic partnership.

The Directorate is committed to undertaking an Equality Impact Assessment for all appropriate papers being forwarded to council committees.

Key	Green	Less than or equal to +/-10%
	Amber	Greater than +/-10% but < 30%
	Red	Greater than +/- 30%

Cost Centre + Description	Annual Budget £	Year to Date Budget £	Year to Date Spend £	Accrued	Total Cost to date	Variance £	Variance %	RAG	Commentary on Variance	Forecast Spend £	Forecast Variance £
P4000 - Public Health Staffing	1,145,900	381,967	311,397	0	311,397	(70,570)	(18%)	Amber	Band 7 underspend, Band 6 substantive role underspend, Band 5 vacancy, maternity leave savings.	983,082	(162,818)
P4001 - PH Intelligence Team	575,900	191,967	174,710	0	174,710	(17,256)	(9%)	Green		568,571	(7,329)
P4002 - PH Central Recharges	383,600	127,867	71,294	54,729	126,023	(1,844)	(1%)	Green		383,600	0
Public Health Running Costs	2,105,400	701,800	557,401	54,729	612,130	(89,670)				1,935,253	(170,147)
P4010 - Alcohol Prevention Services	104,500	34,833	12,852	18,947	31,799	(3,034)	(9%)	Green		104,500	0
P4011 - Alcohol Aftercare Programmes	170,900	56,967	35,308	21,667	56,975	8	0%	Green		170,900	0
P4012 - Alcohol Crisis Management	409,500	136,500	136,445	0	136,445	(55)	(0%)	Green		409,500	0
P4013 - Alcohol Criminal Interventions	98,000	32,667	16,333	16,333	32,667	0	0%	Green		98,000	0
P4014 - Alcohol Information Provision	10,000	3,333	1,667	1,667	3,333	(0)	(0%)	Green		10,000	0
P4015 - Alcohol Birchwood Detox	335,000	111,667	0	111,667	111,667	0	0%	Green		335,000	0
P4016 - Specialist Alcohol Treatment CWP	895,100	294,667	294,736	0	294,736	69	0%	Green		895,100	0
P4017 - Core Alcohol Contract CWP	626,100	206,112	206,168	0	206,168	56	0%	Green		626,100	0
Alcohol Misuse Adults	2,649,100	876,746	703,509	170,281	873,790	(2,956)				2,649,100	0
P4090 - Health Services in Schools	589,000	196,333	81,838	114,496	196,334	0	0%	Green		589,000	0
P4091 - School Nurses	1,311,600	437,200	0	437,199	437,199	(1)	(0%)	Green		1,311,600	0
P4092 - Kooth	101,300	33,767	16,887	16,887	33,773	7	0%	Green		101,300	0
P4093 - Child Health Panel	0	0	0	0	0	0	0%	Green		0	0
P4094 - Healthy Settings	194,400	64,800	53,996	10,790	64,786	(14)	(0%)	Green		194,400	0
Children 5-19 Programmes	2,196,300	732,100	152,720	579,372	732,092	(8)				2,196,300	0
P4020 - Drugs - Prescribing	630,000	210,000	0	210,000	210,000	0	0%	Green		630,000	0
P4021 - DAAT Development and Support	248,600	82,867	61,025	14,325	75,350	(7,517)	(9%)	Green	Service user, GP and pharmacist training to be used still	248,600	0
P4022 - DAAT Carers and Service Involvement	65,000	21,667	19,000	0	19,000	(2,667)	(12%)	Amber	Additional service user funds to be allocated (£8k)	65,000	0
P4023 - DAAT Harm Reduction	411,800	137,267	120,235	15,867	136,102	(1,165)	(1%)	Green		411,800	0
P4024 - DAAT Drug Information and advice	145,600	48,533	31,827	16,667	48,493	(40)	(0%)	Green		145,600	0
P4025 - DAAT Open Access Interventions	299,600	99,867	61,435	38,271	99,707	(160)	(0%)	Green		299,600	0
P4026 - DAAT Community based interventions	2,105,500	701,833	567,820	127,536	695,356	(6,477)	(1%)	Green	Tomorrow Women's Wirral, Goals and Expert Patient programme funding not utilised to date	2,105,500	0
P4027 - DAAT Residential Drug Treatment	410,200	136,733	68,166	68,069	136,234	(499)	(0%)	Green		410,200	0
P4028 - DAAT DIP Drugs and Crime	655,000	218,333	155,049	63,312	218,361	28	0%	Green		655,000	0
P4029 - DAAT CWP Core Drugs Contract	1,708,500	562,438	933,290	(370,734)	562,556	118	0%	Green		1,708,500	0
Drug Misuse Adults	6,679,800	2,219,538	2,017,847	183,312	2,201,159	(18,379)	(24%)			6,679,800	0
P4030 - Drugs and Alcohol Youth	423,200	141,067	0	141,074	141,074	8	0%	Green		423,200	0
Health Protection	423,200	141,067	0	141,074	141,074	8				423,200	0
P4150 - Health Protection	21,500	5,375	0	5,375	5,375	0	0%	Green		21,500	0
Health Protection	21,500	5,375	0	5,375	5,375	0				21,500	0
P4180 - Public Health Mental Health	251,600	83,867	83,750	107	83,857	(9)	(0%)	Green		251,600	0
P4181 - Infection Control	377,000	125,667	82,794	42,873	125,667	0	0%	Green		377,000	0
P4182 - Health and Well-Being	85,000	28,333	11,333	16,250	27,583	(750)	(3%)	Green		85,000	0
P4183 - Health Communities	75,000	25,000	13,131	4,377	17,508	(7,492)	(30%)	Amber	BME cultural awareness training (£20k) being commissioned	75,000	0
P4184 - Health Trainers	386,800	128,933	107,448	21,485	128,933	(0)	(0%)	Green		386,800	0
P4186 - Health Action Areas	790,400	263,467	219,584	43,833	263,417	(50)	(0%)	Green		790,400	0
P4187 - Falls Service	382,400	127,467	106,246	21,221	127,467	0	0%	Green		382,400	0
P4188 - Health Promotion	258,400	86,133	71,780	14,353	86,133	(0)	(0%)	Green		258,400	0
P4189 - Assistive Technology	250,000	83,333	0	83,333	83,333	0	0%	Green		250,000	0
P4190 - Child Death Panel	30,000	10,000	0	10,000	10,000	0	0%	Green		30,000	0

Cost Centre + Description	Annual Budget £	Year to Date Budget £	Year to Date Spend £	Accrued	Total Cost to date	Variance £	Variance %	RAG	Commentary on Variance	Forecast Spend £	Forecast Variance £
P4191 - Public Health Initiatives	194,700	64,900	1,667	63,240	64,907	7	0%	Green		194,700	0
P4192 - Homeless Post	60,700	20,233	19,988	0	19,988	(245)	(1%)	Green		60,700	0
P4193 - GP and Nuse Projects	15,000	5,000	4,247	1,000	5,247	247	5%	Green		15,000	0
P4194- Quality Payments	37,200	12,400	0	12,388	12,388	(12)	(0%)	Green		37,200	0
P4195 - Public Health Outcomes Funding	2,253,719	87	(223,414)	223,500	86	(0)	0%	Green		2,253,719	0
Miscellaneous Public Health	5,447,919	1,064,820	498,554	557,961	1,056,515	(8,305)				5,447,919	0
P4160 - NHS Healthcheck Programme	280,000	23,333	38	23,333	23,371	38	0%	Green	Service started July 2013	280,000	0
NHS Healthcheck Programme	280,000	23,333	38	23,333	23,371	38				280,000	0
P4130 - Obesity Adults	79,100	26,367	25,964	0	25,964	(403)	(2%)	Green		79,100	0
P4131 - Lifestyle and Weight Management	628,400	209,467	174,594	34,873	209,467	0	0%	Green		628,400	0
P4140 - Obesity Children	423,781	141,260	90,832	(14,382)	76,449	(64,811)	(46%)	Red	MEND/Mytime contract - to be agreed (£185k)	423,781	0
P4120 - Child Weight Management	14,000	4,667	400	3,333	3,733	(933)	(20%)	Amber	£3.6k funding unallocated to date	14,000	0
P4100 - National Child Measurement Programme	42,100	14,033	10,716	3,508	14,224	190	1%	Green		42,100	0
Obesity and Physical Activity	1,187,381	395,794	302,506	27,332	329,837	(65,956)				1,187,381	0
P4070 - Sexual Health Services Contraception	690,100	230,033	91,590	138,443	230,033	(0)	(0%)	Green		690,100	0
P4060 - Sexual Health Services-Advice, Prevention, Promoti	522,900	174,300	140,747	29,032	169,779	(4,521)	(3%)	Green	Sexual Health resource to be commissioned still (£30k)	522,900	0
P4080 - Sexual Health STI Testing and treatment	1,866,000	622,000	618,540	3,460	622,000	0	0%	Green		1,866,000	0
Sexual Health Services	3,079,000	1,026,333	850,877	170,935	1,021,812	(4,521)				3,079,000	0
P4040 - Stop Smoking Services and Interventions	969,600	323,200	225,595	97,605	323,200	(0)	(0%)	Green		969,600	0
P4041 - Nicotine Replacement Therapy prescribing	470,000	156,667	0	156,667	156,667	0	0%	Green		470,000	0
P4040 - Wider Tobacco Control	3,700	1,233	0	1,219	1,219	(15)	(1%)	Green		3,700	0
Smoking Cessation	1,443,300	481,100	225,595	255,490	481,085	(15)				1,443,300	0
P4200 - Collaborative Service Income	(1,204,000)	(401,333)	0	(401,318)	(401,318)	15	(0%)	Green		(1,204,000)	0
P4201 - Collaborative Service Core	1,411,100	470,367	321,249	58,105	379,354	(91,013)	(19%)	Amber	Staffing vacancies (£45k), Health Protection role (£19k), Social Marketing Underspend (£27k)	1,411,100	0
Collaborative Service	207,100	69,033	321,249	(343,214)	(21,965)	(90,998)				207,100	0
Total Public Health Grant	25,720,000	7,737,039	5,630,296	1,825,980	7,456,276	(280,763)				25,549,853	(170,147)

WIRRAL COUNCIL

POLICY & PERFORMANCE FAMILIES & WELLBEING COMMITTEE

9 SEPTEMBER 2013

SUBJECT:	QUALITY ASSURANCE FRAMEWORK AND STANDARDS IN CARE HOMES
WARD/S AFFECTED:	ALL
REPORT OF:	DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE PORTFOLIO HOLDER:	COUNCILLOR CHRISTINE JONES
KEY DECISION?	NO

1. EXECUTIVE SUMMARY

1.1 *Report to inform Elected Members of the Quality Assurance and Contracts role within the Department of Adult Social Services, the current status of care provision in Wirral and the future developments to further improve the quality of care.*

2.0 BACKGROUND AND KEY ISSUES

2.1 Update report to brief Councillors on the role and function of the Quality Assurance team in DASS, the quality assurance framework and standards in care homes in Wirral.

2.1.1 Roles and Responsibilities

There are three main organisations involved in the monitoring of the quality and safety of health and social care provision

- **CQC** - is the Governments independent regulator of health and adult social care services. They register hospitals, care homes, dentists, domiciliary care services as well as a verity of other services and monitor them to ensure that they are meeting the essential standards. As the regulatory body for the registration of provision services they have a duty to monitor regulation compliance on a 3 yearly basis (unless concerns are raised), unlike the Council who have the responsibility for duty of care. It would be CQC who would have responsibility for de-registering and closing the home.
See appendix 1 - CQC essential standards framework
- **DASS Quality Assurance Team (QAT)** - have the responsibility to ensure that quality monitoring is an integral part of contract monitoring and aims to ensure that people who use services receive the highest quality and safety of service, which meets contractual standards. Continuous improvement plans are agreed with the provider where standards are not met. Failure to implement improvement plans will result in appropriate default action, which may include suspension of new placements and ultimately ceasing to commission with the home. The safeguarding strategic review process in operation in Wirral ensures that Care Quality Commission (CQC), police, health and social care commissioners work closely and in a coordinated manor when addressing concerns within the provider sector.
See appendix 2 - quality assurance framework for monitoring visits

- **Healthwatch** - aim to represent the views and experiences of the local population and make a positive change to the way health and social care services are commissioned through the completion of evidence based reports and recommendations to the commissioners and providers of health and social care provision. Healthwatch are able to enter and view on an unannounced basis. This is being utilised to its fullest extent by the Council who now work in partnership to identify themes and concerns across Wirral as a whole. As the commissioner of services feedback will be shared as and when required.

2.2 Current position

2.2.1 Quality Assurance Team

The Quality Assurance Team was created in April 2012, following the Safeguarding Peer Challenge, where it was recognised that through proactive monitoring of services, not only could poor quality services be recognised at an earlier stage and development needs of the provision identified with the owner, but the safety and welfare of the customers could be improved and safeguarded from the situation arising. The Quality Assurance Team is a joint development with health. The integrated team consists of 1 Manager, 7 Quality Assurance Officers and 1 Lead Nurse for Quality across the Residential and Nursing sector. In the first year of implementation the Quality Assurance Team assessed the quality of the Nursing and Residential provision. All 109 establishments registered for this provision were visited and monitored against the quality framework developed by the team. In addition, they responded to approximately 35 safeguarding alerts per week, relating directly to care provision.

2.2.2 Current Statistics

Wirral commissions all of its general residential and nursing care from the independent sector. Wirral has a large number of Accredited Providers with 109 Nursing and Residential establishments and over 80 Accredited Domiciliary and Supported Living care providers. Monitoring of these services, prior to the establishment of the Quality Assurance Team was reactive, monitoring related only to safeguarding concerns. It is estimated that 50% of the safeguarding alerts that are received, approximately 35 new cases a week by DASS, relate to concerns within a commissioned provider. In the first year of implementation of proactive monitoring visits it was also identified that there were a large number of providers whose service was not meeting either the CQC essential standards or Wirral Council contractual standards. These services then require further scrutiny by the Quality Assurance Team to ensure that identified improvements are made.

2.3 Current Developments

2.3.1 RAG status

A new RAG (Red, Amber, Green) system has now been introduced to identify the assessed quality of the provision. Each Provider is assessed on a multi agency level taking into consideration, information from the Quality Assurance Team, DASS operational and complaints teams, health commissioners, CQC, Healthwatch, Merseyside Fire and Rescue, Infection Control and The Health and Safety Executive. The judgment of status is carried out through the RAG Panel Meetings held monthly. This enables the Quality Assurance Team to identify and focus on poor quality services and monitoring in accordance with the risk identified. The aim of which is to reduce safeguarding concerns and start to proactively monitor.

See Appendix 3 - RAG rating

2.3.2 Current RAG statistics Residential/ Nursing Care provision

RAG		Number August 13
RED	Urgent Action required	9 Of which 5 have suspension of new placements in place
AMBER	Action Required	35
GREEN	Fully Compliant	65

2.3.3 New schedule of monitoring, all providers

A new schedule of monitoring is being implemented to include all provision inclusive of Extra Care Housing, Domiciliary Care, Supported Living, Day Centres as well as the Residential and Nursing Provision. With the increased workload, the Quality Assurance Team is implementing a more customer focused approach to monitoring, with the provider completing a self assessment. The Quality Assurance Team will then validate the self assessment, through evidenced practice during visits. This enables the Quality Assurance Officers to engage more with customers, their families and other stakeholders in the provision. The primary question is “what is it like to receive a service from this provider?”. In addition, the quality assurance assessment of quality will be revisited through out the year to move away from the “snapshot” approach to monitoring.

2.3.4 Student Nurse Pilot

It has been recognised through the learning from safeguarding concerns that there has been little emphasis on the quality of care provision by Universities when placing Student Nurses. In addition, it has been recognised that student nurses do not raise concerns with providers when in the placement but wait until their placement has ended before informing the Local Authority of their concerns. Both these issues have now been addressed through a pilot for a national scheme; John Moores University and Chester University co-ordinate all placements with the Lead Nurse for Quality within the Quality Assurance Team. To ensure that nurses are trained in an environment of good practice, only providers with a status of ‘Green’ will be used. There will be a new expectation on providers to see the student nurses as critical friends for the duration of their placement and meet regularly with them to get feedback on the provision. Feedback on their treatment as critical friend will be fed into the RAG rating meetings. It is felt that providers who excel at this will be considered in the future as having a RAG rating as ‘excellent’.

2.3.5 Central Information through Provider hub

Current Information management systems used in DASS do not allow for the collation and recording of information on a provider related basis nor do health and social care systems share information. Thus, it has been identified that a web-based hub for the use of identified professionals will bring together, quality assurance reports, complaints, safeguarding and review information in one place for each provider and as such give a holistic overview of the service which can then assist to evaluate the named provision and reduce the risk of information not being shared with professionals that have responsibility for safeguarding, complaints and commissioning.

2.4 Future developments

2.4.1 Excellent Status Service

Those provisions that are considered to be providing an above standard service are using new innovative practices and are keen to develop best practice in all areas will be considered by the RAG Panel for a new status of excellent. This will be a kite mark type venture with no financial reward from DASS but the added value of a well advertised kite mark of excellence status brings value to any marketing plan.

2.4.2 Annual Quality Assurance Report

Through the new self assessment and judgment processes an Annual Quality Assurance report will be created for each area of provision. It is envisaged that these reports will be available to the general public through the Council website. This will further develop the service quality in Wirral with those providers with good and excellent status gaining the higher proportion of the market thus increasing the proportion of commissioned beds in good quality service provision.

2.4.3 Stakeholder Monitoring / Reporting

Further development of the monitoring systems will result in a more stakeholder focused monitoring system, with DASS forming part of a network of professionals who are constantly monitoring the quality of the service provision. Those stakeholders not currently engaged in the monitoring process are the Elected Members and GPs, both of which would benefit from having an awareness of the quality of the care provision they currently have responsibility for, either through geographical area or commissioned placements. We are keen to explore with Policy and Performance Families and Wellbeing Committee, how we could better engage with Local Members to enable them to have a full understanding of provision and quality issues in their patch. In addition, it is recognised that further integration with health within the Quality Assurance Team would allow for a more rapid response to concerns around health care needs not being met. Discussions are underway with health commissioners to further invest in nursing expertise in the team.

3.0 RELEVANT RISKS

3.1 N/A

4.0 OTHER OPTIONS CONSIDERED

4.1 N/A

5.0 CONSULTATION

5.1 N/A

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 N/A

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 N/A

8.0 LEGAL IMPLICATIONS

8.1 N/A

9.0 EQUALITIES IMPLICATIONS

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?
No because there is no relevance to equality.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 N/A

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 N/A

12.0 RECOMMENDATION/S

- 12.1 That Policy and Performance Families and Wellbeing Committee note the quality assurance framework and developments underway.
- 12.2 That Policy and Performance Families and Wellbeing Committee advise on frequency of reporting back to this Committee.
- 12.3 That Policy and Performance Families and Wellbeing Committee support further engagement and communication with local members to improve understanding of key provider issues and actions within their area.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 As identified.

REPORT AUTHOR: **Jacqui Evans**
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APPENDICES

Appendix 1 - CQC Essential Standards Framework
Appendix 2 - Protocol for Quality Assurance Visits
Appendix 3 - RAG Rating

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

The Essential Standards Factsheet (that relate to Quality and Safety)

The essential standards of quality and safety are central to our work in regulating health and adult social care. Each of the standards has an associated outcome that we expect all people who use services to experience as a result of the care they receive.

The standards relate to the 28 regulations contained in the legislation governing our work. When we check providers' compliance with the essential standards, we focus on one or more of the 16 that most directly relate to the quality and safety of care. Providers must have evidence that they meet these outcomes.

These 16 standards are outlined below.

Outcome 1: Respecting and involving people who use services

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.

Outcome 2: Consent to care and treatment

Before people are given any examination, care, treatment or support, they should be asked if they agree to it.

Outcome 4: Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights.

Outcome 5: Meeting nutritional needs

Food and drink should meet people's individual dietary needs.

Outcome 6: Cooperating with other providers

People should get safe and coordinated care when they move between different services.

Outcome 7: Safeguarding people who use services from abuse

People should be protected from abuse and staff should respect their human rights.

Outcome 8: Cleanliness and infection control

People should be cared for in a clean environment and protected from the risk of infection.

Outcome 9: Management of medicines

People should be given the medicines they need when they need them, and in a safe way.

Outcome 10: Safety and suitability of premises

People should be cared for in safe and accessible surroundings that support their health and welfare.

Outcome 11: Safety, availability and suitability of equipment

People should be safe from harm from unsafe or unsuitable equipment.

Outcome 12: Requirements relating to workers

People should be cared for by staff who are properly qualified and able to do their job.

Outcome 13: Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs.

Outcome 14: Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills.

Outcome 16: Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.

Outcome 17: Complaints

People should have their complaints listened to and acted on properly.

Outcome 21: Records

People's personal records, including medical records, should be accurate and kept safe and confidential.

Quality Assurance Framework for Monitoring Visits

Protocol for Quality Assurance Monitoring Visits for Residential/Nursing Care Homes

1. Introduction

Quality Assurance Visits are undertaken by Quality Assurance Officers to gain assurance about the quality and safety of services being commissioned by Wirral Borough Council.

This protocol outlines the process for inspection at residential/nursing homes, the areas to be reviewed, who to involve, the notice given to providers, reporting requirements and how resulting action plans should be monitored.

2. Quality Assurance Framework

Quality monitoring is part of overall contract management and aims to ensure that people who use services receive the highest quality and safety of service, which meets contractual standards and is continuously improving.

Quality monitoring should enable key risks to be identified with the provider and managed and is central to continuous improvement: it measures the providers' and the services' performance and how this changes over time. The information from quality monitoring can both change and influence practice, from the specific care for people who use services to Wirral's procurement and commissioning decisions.

Quality monitoring is the regular process undertaken by the Quality Assurance Team within the Department of Adult Social Services to ensure that providers comply with the quality requirements of their contract(s) and are performing effectively and would seek to confirm and establish the following:

A quality service; outcome based results and all other key performance indicators contained in the service specification and contract are achieved; follow up actions are identified in service improvement action plans.

Better outcomes for people who use services; Services that are committed and can demonstrate continuous Improvement; Services that make a positive difference to peoples' lives.

Value for Money and compliance with contract terms; that services are delivered as described/commissioned; service is 'fit for purpose' and continues to meet the accreditation criteria and stated objectives.

General outcomes for people who use services are outlined in the White Paper '*Our Health, Our Care, Our Say*'

The council expects that as a result of receiving the Service, Customers are able to report the following: (This will be used as the primary quality assurance of the Service provided under the terms of this Contract)

(1) **Improved health and emotional well-being**

Customers are asked and able to report '*I am as healthy as I can be*'

This measure will be used as evidence of the outcome that Customers live longer and report better physical, mental and emotional health and well-being.

(2) **Improved quality of life**

Customers are asked and able to report '*I am able to live a fulfilled life*'

This measure will be used as evidence of the outcome that Customers have the best possible quality of life including life with other family members supported in a caring role. They are supported to access ordinary housing, transport, leisure, information, life-long learning and support that promote their well-being.

(3) **Making a positive contribution**

Customers are asked and able to report '*I can participate as a full and equal member of my community*'

This measure will be used as evidence of the outcome that Customers live, work, learn and participate in their community as equal members. They are involved in planning and decision making about the direction of their support and in the design and delivery of the services they receive. Customers report a positive experience of their support.

(4) **Exercise of choice and control**

Customers are asked and able to report '*I have the same life chances as other adults*'.

This measure will be used as evidence of the outcome that Customers determine for themselves where they live, how they are supported and how they spend their day, with reliable information and advice available in accessible formats.

(5) **Freedom from discrimination and harassment**

Customers are asked and able to report '*I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice*'.

This measure will be used as evidence of the outcome that Customers are supported to live without maltreatment, neglect and exploitation and are assisted to action against it as appropriate.

(6) **Economic well-being**

Customers are asked and able to report '*I am financially stable and have as much control as possible over my money*'.

This measure will be used as evidence of the outcome that Customers have the opportunity to achieve economic well-being and have access to work and/or benefits as appropriate.

(7) Maintaining personal dignity

Customers are asked and able to report '*I feel valued by others*':

This measure will be used as evidence of the outcome that Customers experience secure, stable and good quality support. People experience privacy and appropriate levels of confidentiality. Customers feel they are treated with respect and listened to, have a sense of self worth and are valued by others.

Quality Assurance visits are one part of the Wirral Borough Council Quality Assurance Framework and are carried out by a team with the relevant skills and knowledge to give assurance about the quality and safety of services in Wirral.

3 Quality Assurance Monitoring Visits

There will be two types of visit:

- Announced Inspections.
- Announced or unannounced inspections where a risk has been identified. (Based upon a range of information including Safeguarding concerns, Customer Feedback, Complaints, Medicines Management data, CQC reports etc)

Please refer to S4.2 (Monitoring Systems) of the 'Contract for the Provision of Residential and Nursing Home Care' for details of information that must be produced on request.

4. Visiting Team

The visiting team will consist of one or two members of the Quality Assurance Team who will undertake a series of safety, quality, case note and observational audits throughout the day, including discussions with staff and where possible with people who use services. If any specific concerns are identified a follow up visit by an appropriate member of the Multi Disciplinary Team will be arranged (e.g. infection control or medicines management)

Inspections where a risk has been identified will consist of one or two members of the Quality Assurance Team.

5. Format of the visit

- a. The format will vary depending upon the reason for the visit and the type of home being visited.
- b. The visit may be part, or full day.
- c. The visiting team will introduce themselves on arrival and present identification.
- d. The Quality Assurance Officer will provide opportunity to brief the registered manager or senior staff on site at the start of the visit.
- e. The visit will include observational audit, record audits and discussion with staff and people who use services/relatives (where appropriate)

- f. The Quality Assurance Officer will arrange the visit to minimise disruption to services, this may include a discussion with the manager/owner/senior staff in advance in the case of announced visit
- g. Verbal feedback will be given to the service provider on the day.
- h. A formal report will be sent to the provider within one week of the visit.

Concerns Identified

Any areas of immediate concern will be raised with the service provider as soon as they are identified. If the Quality Assurance Officer identifies poor practice or immediate risk to people who use services, visitors or staff, the service provider will be asked to rectify the situation immediately. Where there is immediate risk to safety that cannot be addressed or mitigated against immediately the Quality Assurance Officer will report immediately to the appropriate manager of the Department of Adult Social Services who may issue a default notice suspending further admissions.

6. Reporting

Verbal feedback outlining the key findings of the team will be given on the day, either face to face or by telephone.

A detailed formal report will be sent to the identified contact within the service provider within two weeks of the visit. The formal report will include identified areas of good practice and areas of concern, along with a list of requirements and an action plan with timescales for completion.

Any serious concerns identified during the inspection will be shared with appropriate teams and the Care Quality Commission and Health Commissioners.

7. Follow up

Urgent Risks

Where urgent risks are identified they will be reported as outlined in section 6. However, where interim arrangements have been made, or work is due to be undertaken within a short timescale the lead will arrange for a follow up conversation/visit to take place so that they can be assured the required action has been carried out. Default Action may be implemented if it is felt that the level of risk is high.

Action Plans

Where a Provider is not compliant with the terms and conditions outlines in the contract they will be formally notified as such. The Owner / Manager will then be required to present an Action plans to address the concern. A meeting with the owner / manager will be required to allow them to submit and gain agreement on their proposed action plan. The action plan must contain agreed time scales and will be monitored via follow to ensure times scales are being met for improvement,. Further visits will be undertaken by a member, or members of the team to assess the completion of specified actions within their timescales. Failure to implement the Action plan within agreed time scales will result in default action. The outcome of these inspections will be reported back to senior management.

Appendix 3 : RAG Rating

QUALITY ASSURANCE, SERVICE MONITORING AND EVALUATION

RAG Rating System

As a commissioning council Wirral is committed to monitor and evaluate the care provision of all commissioned service on the Wirral. This will be done through the monitoring of services by the quality assurance team in partnership with the Provider and all stakeholders in the provision. This will result in an evaluation of the quality of the services. The judgment will fall into three categories. Good, Basic, Poor. A category of Excellent service status will be developed over the next 12 months in conjunction with the Providers.

Those services that are not compliant with the contractual standards will be required to implement improvements to the service to ensure compliance and therefore the best possible care for those who are in the receipt of the service. The Quality assurance team will work in partnership with the Manager/ Owner of a provision. Where a service is not compliant the Quality assurance team will identify with the manager the areas of non-compliance. The Manager/ Owner will then need to identify how they will address the concerns by submitting an improvement plan to QA with agreed time scales. The implementation of the improvement plan will then be monitored.

Monitoring will be carried out through a variety of methods, will be outcome focused and will include all stakeholders in the monitored service. All Providers will be required to complete an annual self assessment and review their self assessment on a quarterly basis.

There is an expectation that the provider will evaluate its service through robust audits systems and through the collation of feed back from Stakeholders in their service. This will include all customers, their families, all Health professional and staff. This information will be evidenced through their annual self assessment provided to the Quality Assurance team on an annual basis. The Quality assurance team will then validate the self assessment through monitoring visits. Validation will be done throughout the year using themed inspections. If there are concerns raised in relation to a particular standard that standard will be assessed as and when the concerns are raised. This will include safeguarding and practice concerns.

The monitoring schedules will vary in relation to the judgment of standards that are placed on the provider.

In addition the Quality Assurance team within the department of Adult social services will coordinate the monitoring of the provision throughout the year and a focus will be given to customer and family experience.

Guidelines for Judgment on the Quality of the service

Good Provision (Green)

- No contractual default invoked over last six months.
- Full compliance of standards over last 6 months.
- No QA Action plan.
- Responsiveness / full commitment in addressing concerns by registered provider and manager.
- Low level of safeguards which are addressed appropriately
- Low level of Quality Concerns received by QA team .
- Low number of ALADO referrals which are addressed appropriately.
- Low level of complaints which are addressed appropriately

- Minimal / minor Stakeholder concerns i.e.
CQC, Wirral Community NHS Trust –, Fire Service, Audit of Infection Prevention and Control, Healthwatch concerns, GP Consortium, Other local authority suspension.

Basic Provision (Amber)

- Default invoked over last six months.
- Non-compliance of standards over last 6 months.
- QA Action plan progressing within time scales
- Partial continued non-compliance of standards..
- Moderate level of safeguards or no safeguards received*
- Moderate level of Quality Concerns launched to QA team via SWIFT
- High number of ALADO referrals
- High level of complaints
- Stakeholder concerns i.e.
CQC, Wirral Community NHS Trust –, Fire Service, Audit of Infection Prevention and Control, Healthwatch concerns, GP Consortium, Other local authority suspension

Poor Provision (Red)

- DASS contractual default invoked-*Suspension in place*
- High level of non-compliance of standards over last 6 months.
- QA Action plan with time scales not met.
- Continued non-compliance of standards.
- Lack of responsiveness / commitment in addressing concerns by registered provider and or manager.
- High level of safeguards or no safeguards received*
- High level of Quality Concerns launched to QA team via SWIFT
- None compliance with ALADO process
- High level of complaints not appropriately addressed
- CQC warning notice, enforcement notices or compliance action
- Serious Stakeholder concerns i.e.
Wirral Community NHS Trust –, Fire Service, Audit of Infection Prevention and Control, Healthwatch concerns, GP Consortium, Other local authority suspension

***Safeguard judgement subjective. i.e. high levels may not necessarily mean provider is poor but rather err on the side of caution and make many referrals without consideration of thresholds, equally no safeguards received could be interpreted that the provider has not followed due process.**

QA monitoring visit frequencies based on Judgment:

Good Provision

- Generates quarterly Support visits
- Annual audit visit
- Half day to full day (Observations, random samples/audits of sections within the framework)
- Annual evidenced based self assessment

Basic Provision

- continued 4 weekly Support visits
- quarterly audit visits
- Half day to full day (Observations, historic themes, random samples/audits of sections within the framework)
- Annual evidence based self assessment

Poor Provision

- Senior management visits
- Generates continued QA weekly Support visits
- 4 weekly action plan update audits.
- half day to full day (Observations, historic themes, random samples/audits of sections within the framework)
- Annual evidenced based self assessment

Safeguarding Concerns will take priority and may generate an immediate Quality Assurance visit.

Support Visit

QA officer will visit and interface with residents and staff. Support offered to Manager if needed. No formal audit of any documentation, or standards no reports will be generated. Any concerns witnessed or reported to the QA officer will be raised verbally with the most senior staff member on duty and the resolution of the concern will be audited at the next audit visit. **Unannounced visit**

Audit Visit

QA officers will formally monitor the progress of any improvement plan or will formally validate an annual self assessment. Formal records will be produced and the Manager/ owner will receive formal notification of the findings within one week of the visit. Verbal feed back will be given at the time of the Audit visit.

Announced visit

Annual Self Assessment

Each Provider will be issued with a template tool kit for the annual self assessment. This will need to be completed and submitted 4 weeks following the date of issue. An audit visit will then be arranged with Provider to validate the content of the self assessment. An annual report will be compiled following validation and submitted to the provider for consultation. The consultation period is 28 days in which time the provider and the QA officer will validate any discrepancies and a final agreed report will be issues. The final annual report will then be made available on the Council Web Site.

Monitoring and contractual obligations as identified in the Wirral Contract.

S4.1 QUALITY SYSTEMS, MONITORING AND EVALUATION

- S4.1.1 The Provider will comply with all the monitoring and evaluation arrangements set out in this Contract and Service Specification and will:-

- (a) when deemed necessary by the Council, and with the consent of the Customer agree to an authorised employee of the Council being present in the Customer's place of residence in order to monitor the Contract Standards which will include the carrying out of spot checks
- (b) ensure there is a documented system of Quality Assurance to ensure the Service offered to Customers meets with this Specification
- (c) operate a system whereby the views of Customers about the Service provided, or to be developed are sought and taken account of
- (d) provide to the Council reasonable access to employee rotas, incident books and other relevant records and other documents relating to the Service, except where this conflicts with any overriding duty of confidentiality
- (e) provide to the Council reasonable access to all financial records. The use of this information is confined to regularity audits and testing the Provider's financial viability and will not be used for the purpose of price determination for this or any other Contract
- (f) inform the Council of any serious event that affects or might affect the well being or safety of a Customer
- (g) Allow the Council to interview all Workers who deliver the Service for or on behalf of the Provider

S4.1.2 The Council may at its discretion share information with Customers or prospective Customers and their families about the Provider in so far as it relates to the provision of Services covered by the Contract in order to assist them making an informed choice about where they live or who they purchase support from.

S4.1.3 These provisions are without prejudice to statutory requirements and do not duplicate, replace or take precedence over regulations with regard to registration and inspection and the functions of the Care Quality Commission and the requirements of essential standards of quality and safety.

S4.2 MONITORING SYSTEMS

S4.2.1

- An annual quality assurance self assessment will be completed by the provider. This will be submitted to the Quality assurance team who will collate an annual Monitoring report through the compilation of the self assessment and information provided by stakeholders.
- The provider will be issued with an initial Annual Monitoring report and be given 28 days for comments and amendments prior to publication.
- The provider will comply with any requests for information related to monitoring
- The Provider must ensure there are adequate systems in place to review and assess the quality and effectiveness of the Service provided under this Contract inclusive of evidence that they seek and record the views of all stakeholders in relation to the quality of the service they provide.

S4.2.2 The Provider must be able to produce on request by, and to the satisfaction of, the Council the records and documented procedures in addition to any other requirement of any other clause in this Contract:-

S4.2.3 The Council will make available to Providers on request copies of its own policies and procedures as amended from time to time which shall be the acceptable minimum standards.

- The provider agrees that information received through monitoring will be made available to the public through the publication of its annual monitoring report on the council web site once 28 day consultation has taken place to allow for resolution of any conflicting views.

DEFAULT – As identified in the contract

22.1 Where either party fails to comply with the provisions of the Contract the party not in default may serve notice in writing stating:-

(a) The provision of the contract the party is deemed to be in default;

- When notice of default is issued the provider is required to submit an action plan with time scales identifying what action will be taken to address the default in the provision of the contract within 5 working days. Failure to do so may invoke clause 17 termination of the contract.
- A meeting will then be held with the provider following the receipt of the action plan for scrutiny and agreement of time scales.

22.2 If remedial action is not taken by the agreed time scales identified in the action plan the party not in default is entitled to terminate the Contract in accordance with Clause 26 (Termination) or terminate the residency of the Customer directly affected by the default.

22.3 If the Provider fails to meet the required Standards of Service pursuant to Clause 17 (Standards), then without prejudice to any other right or remedy the Council may have, and without terminating the Contract, the Council may:-

- (a) itself provide or procure the provision of the relevant part of the Service from a third party not specified in this Contract until the breach has been remedied to the reasonable satisfaction of the Council;
- (b) deduct from any sums due or otherwise charge to the Provider the reasonable cost of any service so provided together with relevant administrative costs;
- (c) stop or suspend all further referrals to the Provider until satisfied that the default has been remedied.

Default Action will be reviewed with the owner and once compliant with the contract the Default Acton will be revoked.

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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

9TH SEPTEMBER 2013

SUBJECT:	<i>THE OUTCOMES FOR LOOKED AFTER CHILDREN</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>MEMBERS OF THE LOOKED AFTER CHILDREN TASK & FINISH GROUP</i>

1.0 EXECUTIVE SUMMARY

1.1 This report provides background information regarding the Final Report of the Looked After Children Scrutiny Review.

2.0 BACKGROUND

2.1 At the meeting of the Children & Young People Overview and Scrutiny Committee held on 7th November 2012, Members discussed the possibility of commencing an in-depth Scrutiny Review regarding the outcomes for Looked After Children in the Borough. An in-depth Scrutiny Review had been previously undertaken regarding the Outcomes for Children in Foster Care. A report of the work done by a Members' working group was produced in April 2008. By November 2012, Members agreed that it was appropriate to undertake a review on the related topic of the 'Outcomes for Looked After Children'.

2.2 Members agreed that a Task & Finish Group should be formed to undertake the detailed work. The members of that group were:

- Councillor Wendy Clements (Chair)
- Councillor Walter Smith
- Councillor Pat Williams

2.3 On the 21st January 2013, a further meeting of the Children & Young People Overview and Scrutiny Committee approved the Scope for the Review.

3.0 EVIDENCE GATHERING

3.1 The Task & Finish Group Members commenced by meeting with groups of children in care and with care leavers. Further meetings have been held with foster carers and with a whole range of officers responsible for service delivery. In addition, two visits to schools were arranged. The Panel members express their thanks to all those who have assisted the review by so readily giving their time, experience and suggestions.

3.2 The Final Report, 'The Outcomes for Looked After Children' is attached for consideration by the Committee.

4.0 RECOMMENDATIONS

- (1) Members are requested to support the contents and recommendations of the Looked After Children Scrutiny Review;
- (2) The Looked After Children Scrutiny Report will be referred to the next appropriate Cabinet meeting;
- (3) An update report regarding the progress being made towards the implementation of the recommendations will be presented to the Families and Wellbeing Policy & Performance Committee in approximately one year (that is, September 2014).

Report of the Looked After Children Scrutiny Task & Finish Group Members:

Cllr Wendy Clements (Chair)
Cllr Walter Smith
Cllr Pat Williams

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**THE OUTCOMES FOR LOOKED AFTER CHILDREN
SCRUTINY REVIEW**



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

***August 2013
FINAL REPORT***

WIRRAL BOROUGH COUNCIL
THE OUTCOMES FOR LOOKED AFTER CHILDREN
SCRUTINY REVIEW
FINAL REPORT

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1. **INTRODUCTION**

At the meeting of the former Children & Young People Overview and Scrutiny Committee held on 7th November 2012, Members agreed to undertake an in-depth Scrutiny Review to investigate the outcomes for Looked After Children in the Borough. As a result, a Task & Finish Group comprising three Members has held over twenty meetings with relevant officers and partners as well as some children in care and care leavers in order to obtain appropriate evidence.

An Executive Summary of the findings follows, together with the recommendations arising from this Review. The Report then sets out the background to the original brief, as well as the methodology adopted for gathering the evidence. This is followed by the main body of the Report which details the key findings of the Review and the evidence gathered in support of the recommendations of the Task & Finish Group Members.

2. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Context: The primary focus of this Scrutiny Review is to assess the outcomes for the Borough's Looked After Children, of which, as at 12th August 2013, Wirral Council had responsibility for 670. Central to the evidence-gathering for the Review were meetings with young people currently in care and with care leavers. This evidence has been under-pinned by the information gained from meetings with foster carers and officers. This Report aims to reflect both the positives and the concerns of the young people supplemented by the views of the service providers. There is much evidence that the Council discharges its duties well. However, some challenges remain and the recommendations included in this Report are aimed at improving the service further.

Aspiration: A recurring theme throughout the Review has been the need to provide greater aspiration for the Borough's Looked After Children. Concerns of a similar nature were expressed by young people, foster carers, teachers and officers, summarised by one care leaver who told the Members that "when you are in care, you are always put down and told that you could not achieve". Whilst the Task & Finish Group Members were told of many examples of aspirational support provided to the children in care, challenges clearly remain. There is a desire that greater aspiration for the Borough's Looked After Children becomes embedded within the practices of the Council and its partners. As well as ensuring that children in care are kept safe, there should also be a goal to inspire those children, especially those in long-term care. There was a view among Members that the Local Authority, as the Corporate Parent, should aim to deliver care that is "what you would want for your own children".

Foster Carers: The young people told the Members that they experienced very strong support from their foster carers but this was not universal. There was some anecdotal evidence of very strong relationships which had formed between carers and the young people, some continuing well beyond the time period when the young person was formally cared for by that carer. One area of development for the Local Authority is to enable foster carers to further enhance their skills in order to meet the considerable challenges which they can face.

The provision of training for carers is obviously a key role which the Council undertakes. It is proposed that greater emphasis could be placed on increasing the attendance at training sessions. An option for the future could be to change the policy so that fees will continue to be paid only if minimum training requirements are met on an annual basis. At the same time, there could be further encouragement for carers to attend sessions in other ways. This may involve holding sessions at different times of the day, at different venues, offering childcare facilities, ensuring sessions are always of high quality, offering the availability of peer mentors and so on. Specific areas where some foster carers could play an enhanced role include the teaching of life skills to the young people, such as budgeting, cookery skills and so on. Additional support and advice from foster carers in helping young people to evaluate options for training and employment is also encouraged.

The Members heard from a number of professionals who argued that foster carers and social workers should have special training if the child in care has designated special needs. As a consequence, the Members have concluded that there should be greater training and monitoring for foster carers who care for children with certain medical and behavioural needs. A programme should be put in place to identify those carers who have specific skills and enable further training to those carers who require enhanced skills. In terms of placements, it is clearly advantageous if the individual needs of the child can be best supported by foster carers who have relevant skills.

The Social Care Process: Key to the outcome for children in care is the stability in placement and in contacts. The Members were informed that, in recent years, the Council has been able to retain more children in stable placements. However, there were a significant number of comments related to the importance of continuity of social worker contact for the children in care. One young person told the Members that "there are so many people in and out of your life". There was anecdotal evidence that, for a number of young people, social workers had changed more often than they would have preferred. One professional agreed when saying "for many Looked After Children, their stories are fragmented with different schools and different social workers".

Members have been informed of the steps that are being taken by the Strategic Directorate to hopefully address the high level of turnover in some teams, including the enhancement of the role, improved training opportunities, reduced manager to social worker ratios as well as remuneration. However, in addition, the organisational structure can contribute to the stability of care for a child. Therefore, the Members request that further consideration be given to organisational changes that could be made with the aim of keeping transitions for the child to a minimum.

Communication between social workers and the young people was highlighted on a number of occasions. The ability of young people to contact their social worker was repeatedly emphasised. The availability and consistency of information relating to financial entitlements for the young people was also stressed. Consideration should also be given to enhancing the modes of communication by considering the use of Apps and texts as well as the Internet, in order to consolidate information flow.

Post-16 Support: A number of witnesses expressed concern regarding the timing of the transition of the transfer of Looked After Children to the Pathways Team in preparation for leaving care. For 16 and 17 year olds, there is a lot of change when they are doing GCSEs and looking for further education, training or employment. In the case of Looked After Children, they are also expected to prepare for leaving care by transferring to the Pathways Team once they are 16 years old. Members have, therefore, concluded that it would be beneficial for there to be greater flexibility around the timing of transition to the Pathways Team, based on each young person's individual needs.

Although there was positive feedback from young people regarding the role of the Pathways Team, there was also a strong message from a number of young people of a desire to have someone available to provide additional support if needed. "It is silly that at 18 years old, they assume that you are OK to be on your own"; "in a normal family, you do not get told to go when you are 18" and "not having a family to turn to is very hard" were comments from three young people. Perhaps the pointer towards improving the service is emphasised by further comments from two young people: "we need someone to listen and to come to your flat if necessary" and "I am unusual because I want to be on my own. However, there is still a need for someone to be available if you need them".

Members warmly welcome the proposals to support payments based on the Staying Put principles that are now being developed for Wirral. This should enable those young people who wish to stay with their foster parents post-18 to do so. However, the Task & Finish Group Members urge that, although personal advisers are available post-18, further options be considered in order to provide young people with access to more one-to-one support and opportunities for "drop in" facilities for Care leavers. This could include a greater use of peer mentoring for Care leavers or further use of the independent Visitor Service.

Education: The value of educational outcomes to any young person is clearly important. This is no different for Looked After Children. However, at both national and local levels, there is a dramatic difference between the educational attainment of Looked After Children and non-Looked After. In Wirral in 2012, 64.8% of all children achieved 5 or more GCSEs at A*-C including English and Maths. The equivalent attainment for Looked After Children was 12%. For many of these young people, there are so many significant events taking place in their young lives.

During this Review, the Members visited both the Observatory and Woodchurch High School. The ethos and the extensive support provided to support Looked After Children at both schools was hugely impressive. However, among the wider cohort of young people attending schools across the Borough with whom the Members met, there was a very mixed response regarding the relationship with the Designated Teacher at their school. Some young people had a supportive relationship whereas some young people did not know who their Designated Teacher was and others had a poor relationship.

Evidence arose that partnership working was not always strong and that improved mutual understanding of the roles of teachers and social workers would be beneficial. The Members heard observations that a closer working relationship between schools and social workers, in the interests of the children in care, would be beneficial. Therefore, in order to strengthen the relationship between schools and social care, the Members recommend that lines of communication are strengthened, commencing with regular meetings between Designated Teachers and District Managers.

In order to enhance the educational outcomes of Looked After Children, it is expected that a Personal Education Plan (PEP) will be prepared for each child in care. The PEP is a record of what needs to happen for Looked After Children to enable them to fulfill their potential and reflects any existing education plans, such as a statement of special educational needs. Members urge that a greater emphasis should be placed on raising the profile of the PEP and ensuring that the value of the plan is better understood by all those responsible for the welfare of a young person.

The attention of Members was also drawn to the need to identify children who require additional support at the earliest opportunity and subsequently to provide the appropriate early interventions. Looked After Children are at high risk of having missed out on early years provision. There is recognition that a greater emphasis should be placed on ensuring that screening is improved to ensure that all vulnerable children, including Looked After Children, are identified and receive appropriate interventions to make sure that children are more able to communicate and to promote emotional literacy at an early age.

16+ Employability: Members heard from several sources of the excellent work being carried out by the Employability Team in order to encourage Care leavers in their journey through education, training and employment. Despite that, some challenges remain. As at April 2013, the proportion of care leavers aged 16–19 in Wirral being in employment, education or training was 62%.

The importance of building self-confidence in Looked After Children was heard repeatedly throughout the Review. One way of achieving increased confidence levels is to provide relevant experiences in order to prepare a young person for further training and eventually for work. It is understood that there is an offer of one week's placement to Looked After Children to work with the Inclusion Team based at Moreton Family Centre. However, a similar process is not repeated across other parts of the Council. It is suggested that, as the Corporate Parent, the Council could provide greater opportunities for internships and job experience across all Departments, in addition to apprenticeships. It is also suggested that procurement arrangements could be used to encourage companies to offer work experience, internships and apprenticeships to care leavers.

Housing: Some of the young people reported low expectations about finding “somewhere nice to live in the future”, while other Care leavers highlighted instances of concern regarding the quality of accommodation. The Members, therefore, stress the importance of Care leavers needing a safe and suitable place to live of their choosing.

In considering the evidence found during the Review, the Panel Members have formulated the recommendations identified on pages 7 to 10.

RECOMMENDATIONS

It is anticipated that the Strategic Director for Families & Wellbeing will be responsible for delivering all of the approved recommendations. As a result, this is not specified individually for each recommendation.

Aspiration

Recommendation 1 – Aspiration for Wirral’s Looked After Children

As part of its role as a Corporate Parent, Wirral Council will place aspiration for the Borough’s Looked After Children at the heart of its decision-making processes. The Council will work with all relevant partners to encourage them to adopt the same principle.

(Reference Section 6.1, page 16)

Foster carers

Recommendation 2 – Incentivising Attendance at Training Sessions for Foster Carers

In order to ensure the continuous professional development of foster carers, consideration should be given to amending the policy so that fees for foster carers will continue to be paid only if minimum training requirements are met on an annual basis. A revised training strategy and coordinated programme should be put in place to support this proposal.

(Reference Section 6.2, page 17)

Recommendation 3 – Promotion by Foster Carers of Independent Living Skills and Employment / Training Opportunities

Greater emphasis should be placed on assisting foster carers to promote independent living skills to Looked After Children who are approaching the time of leaving care. Foster carers should also be encouraged to become more aware of the employment and training opportunities available to young people and provide appropriate support.

(Reference Section 6.2, page 18)

Recommendation 4 – Enabling Foster Carers to Support Each Other

Further consideration should be given to ways in which foster carers can be empowered to support each other, either through face-to-face discussions or the greater use of the online environment, such as the development of an online Forum.

(Reference Section 6.2, page 18)

Recommendation 5 – Care Placements for Looked After Children with Special Educational or Behavioural Needs

When care placements are being considered, it is important that potential carers have the appropriate skills to support children with special needs or behavioural issues. Suitable training and support should be made available to relevant carers and placements should be made with those carers who have the specific skills.

(Reference Section 6.2, page 19)

Social Care

Recommendation 6 – Organisational Structure and Stability of Social Worker Contact

Consideration should be given to whether the realignment of Social Care teams can contribute towards greater stability of care for a child with regard to social worker contact so that transitions from one team to another are kept to a minimum. It is hoped that the current re-modeling and realignment of the social care workforce will contribute towards this aim.

(Reference Section 6.3, page 21)

Recommendation 7 – Financial Entitlements for Looked After Children

Advice to Looked After Children regarding financial entitlements should be available, consistent and timely. The North West Regional initiative on financial support and entitlements is welcomed.

(Reference Section 6.3, page 21)

Recommendation 8 – Communication with Looked After Children

In order to improve the provision of information to the Borough's Looked After Children, Wirral Council is encouraged to further develop the 'Right Side of Care' website alongside the introduction of new forms of communication such as Apps and texts.

(Reference Section 6.3, page 22)

Post-16 Support

Recommendation 9 – Transfer to the Pathways Team

Recognising the educational importance of Year 11, an assessment should be carried out regarding the merits of providing a gradual transition to the Pathways Team focused on both the school year and the needs of the young person rather than on the 16th birthday of the care leaver.

(Reference Section 6.4, page 24)

Recommendation 10 – Post-18 Support

The reduction of support for Looked After Children at 18 years old represents, to some care leavers, a "cliff-edge". Whilst the planned introduction of a 'Staying Put' policy in Wirral is warmly welcomed and although personal advisers are available post-18, the Strategic Director for Families & Wellbeing is asked to consider options for the ability of young people to access more one-to-one support and opportunities for "drop in" facilities for Care leavers.

(Reference Section 6.4, page 24)

Recommendation 11 – Independent Visitor Service

The profile of the Independent Visitor Service should be raised in order to provide additional support for young people and to present opportunities for greater continuity in support.

(Reference Section 6.4, page 25)

Recommendation 12 – Ownership of the Pathway Plan

In order to remove the sentiment held by some young people that the Pathway Plan is targeted at them rather than with them, more attention is needed to ensure that the young person 'owns' the Pathway Plan, with enough support being provided by the social worker to enable that to happen. It is suggested that development work is undertaken with the Pathway Team to enable this transformation.

(Reference Section 6.4, page 25)

Education

Recommendation 13 – The Relationship between Schools and Social Workers

More emphasis should be placed on developing stronger working relationships between schools and social workers, enabling better lines of communication. In particular, regular meetings between Designated Teachers and District Managers would provide a basis for progress.

(Reference Section 6.5, page 27)

Recommendation 14 - Raising the Profile of the Personal Education Plan (PEP)

A greater emphasis should be placed on raising the profile of the Personal Education Plan (PEP) and ensuring that the value of the plan is better understood by all those responsible for the welfare of a young person.

(Reference Section 6.5, page 28)

Recommendation 15 – Consistency of Reviews for Looked After Children

Consideration should be given to holding the PEP Review and the LAC Review at the same time wherever possible. The Task & Finish Group welcomes the work underway to improve the PEP in line with best practice in other Authorities and recommends ways are found to enhance sharing of the data required between school and social worker.

(Reference Section 6.5, page 28)

Recommendation 16 - Attendance at Parents' Evenings

The expected arrangements for attendance at Parents' Evenings ought to be specified in the Personal Education Plan (PEP).

(Reference Section 6.5, page 29)

Recommendation 17 – Personal Education Allowance

Alongside Pupil Premium, the Personal Education Allowance (PEA) represents a valuable resource to help Looked After Children achieve the educational results of their peers. The Looked After Children Education Service (LACES) team is encouraged to both analyse the effectiveness of the PEA funding and seek to ensure the funding is accessed by all of the Looked After Children who would potentially benefit.

(Reference Section 6.5, page 29)

16+ Employability

Recommendation 18 – Increasing the Capacity of the Employability Team

As the statutory duty to provide support to 20 and 21 year old Care leavers is introduced, the proposal to increase the capacity of the Employability Team with a peer mentor and an apprentice is fully supported.

(Reference Section 6.6, page 31)

Recommendation 19 – Opportunities for Work Experience

Wirral Council, as a Corporate Parent, is encouraged to identify and promote opportunities for internships and work experience for Looked After Children and Care leavers within the Council. Consideration should also be given to the Council's procurement arrangements in order to encourage similar opportunities in other companies.

(Reference Section 6.6, page 31)

Recommendation 20 – Higher Education

Greater emphasis should be placed on inspiring more Care leavers, for whom it is the appropriate route, to attend Higher Education. Consideration should be given to the opportunities that there may be to provide Care leavers with appropriate experiences early in the sixth form (or before).

(Reference Section 6.6, page 32)

Recommendation 21 – Employment Opportunities for All

The principle of seeking the right opportunities for individual Care leavers is supported, with an equal emphasis being placed on vocational avenues as well as academic learning.

(Reference Section 6.6, page 32)

Housing, Health and Youth Support

Recommendation 22 – Screening for Vulnerable Children

Consideration ought to be given to ways in which screening can be improved to ensure that all vulnerable children, including Looked After Children, are identified and receive appropriate interventions to make sure that children are more able to communicate and to promote emotional literacy.

(Reference Section 6.7, page 34)

Recommendation 23 – Supporting Care leavers in obtaining tenancies

Models of good practice from elsewhere should be explored in order to further support care leavers in obtaining tenancies.

(Reference Section 6.7, page 34)

Recommendation 24 – Sharing Accommodation

The feasibility of using the 'Right Side of Care' website to include the facility for offering opportunities for sharing accommodation should be investigated.

(Reference Section 6.7, page 34)

Recommendation 25 – Monitoring of the Quality of Accommodation

The process for housing young people who are leaving care should ensure that adequate monitoring and checking is taking place with young people to make sure that reasonable expectations of accommodation are being met.

(Reference Section 6.7, page 35)

3. MEMBERS OF THE TASK & FINISH GROUP

Councillor Wendy Clements (Chair)



As we began this Review, we were conscious that every Councillor is a Corporate Parent to the children and young people who are in the care of Wirral Council. This responsibility is not only to keep them safe, but to ensure that their lives are better than they would have been if not Looked After. Those of us who are parents know how much we strive to give our children opportunities to thrive and make their way in the world.

This Scrutiny Panel has spent a great deal of time to discover how that works for our Looked After Children. Thank you to all the people who gave so generously of their time, including Children and Young People. In particular, we are very grateful to the following young people who gave us their time and shared their views so powerfully: Kim, Katie, Beth, Dawn, Amy, Liam, Chantelle, Matt, Sarah, Shannon, Davina, Liam and Steven.

We have heard about excellent work and we've found areas to celebrate, but also have recommendations as to how things could be better. In reading our recommendations please remember that the whole Council is the Corporate Parent and our call to each Member and Officer of the Council is that the work of the Corporate Parent should affect every area of operation in order to care properly for our children.

A handwritten signature in cursive script that reads "Wendy".

Other Panel Members were:

Councillor Walter Smith



Councillor Pat Williams



4. BACKGROUND AND ORIGINAL BRIEF

At the meeting of the former Children & Young People Overview and Scrutiny Committee held on 7th November 2012, Members discussed the possibility of commencing an in-depth Scrutiny Review regarding the outcomes for Looked After Children.

An in-depth Scrutiny Review had been previously undertaken regarding the Outcomes for Children in Foster Care. A report of the work done by a Members' working group was produced in April 2008. Subsequent reports have been provided to the former Children & Young People Overview and Scrutiny Committee in November 2008 and January 2010 giving an officer response on the progress towards implementing the recommendations from the Members' Report.

By November 2012, it was considered appropriate to undertake a follow-up review on this related issue. The three Party Spokespersons volunteered to form a Task & Finish Group to undertake the Review. The Scope Document for the Scrutiny Review, attached as Appendix 1 to this Report, was agreed by the meeting of the former Children & Young People Overview and Scrutiny Committee held on 21st January 2013. It was intended that the new Review will investigate the steps which the Council and other partners are already taking and consider further actions that may be feasible in order to improve the outcomes for Looked After Children.

5. METHODOLOGY FOR THE REVIEW

The Panel has employed a number of methods to gather evidence:

5.1 Meetings with Young people and carers

- Care leavers (Children in Care Council) at Moreton Family Centre
 - A group of Care leavers at the Conway Centre
 - A group of Looked After Children at the Observatory School
 - A group of Foster Carers plus Sheila Khan (Team Manager, Wirral Fostering Service)
- In addition, a short questionnaire was completed by 11 members of the Children in Care Council.

5.2 Visits to Schools

The following schools were visited:

- Woodchurch High School
 - Rebekah Phillips (Headteacher, Woodchurch High School)
 - Dan Heydon (Designated Teacher, Woodchurch High School)
 - Elaine Reeve (Teaching Assistant / Learning Mentor for Looked After Children, Woodchurch High School)
- The Observatory School
 - Elaine Idris (Headteacher, Observatory School)
 - Tom Harney (Chair of Governors, Observatory School)
 - Suzanne Furlong (Designated Teacher, Observatory School)
 - Ann Baird (Pastoral Manager, Observatory School)
 - A group of Looked After Children

During these visits, issues have been discussed with Headteachers, Designated Teachers, Governors and some Looked After Children. Both of the visits were very constructive and highlighted issues relevant to the Review.

5.3 Meetings with Officers

A series of individual meetings has taken place at which the Task & Finish Group Members could discuss relevant issues with key officers from Wirral Borough Council. In addition, Simon Garner, Acting Head of Children's Social Care Branch) provided advice to the Panel Members during both the initial planning stage and the closing phase of the Review. Those interviewed during the course of the Review were:

- Tuesday 8th January 2013
Vivian Stafford (Strategic Service Manager: Post-16 Commissioning and Economic Generation, Wirral Borough Council)
- Tuesday 8th January 2013:
Brian Ronson (Team Manager, Pathway Team, Wirral Borough Council)
- Monday 14th January 2013:
Fiona O'Shaughnessy (Inclusion Manager, Children's Inclusion Service, Wirral Borough Council)
Dave Walker (Inclusion Officer, Children's Inclusion Service, Wirral Borough Council)
Jeanette Geary (Inclusion Officer, Children's Inclusion Service, Wirral Borough Council)
- Monday 21st January 2013:
Simon Garner (Acting Head of Children's Social Care Branch, Wirral Borough Council (and Chair of the North West After Care Forum)

- Tuesday 5th February 2013:
Anne Patterson (Acting Service Manager, Quality Assurance & Safeguarding Unit, Wirral Borough Council)
Deborah Caulfield (Independent Reviewing Officer)
Joanne Leighton (Independent Reviewing Officer)
Rebecca Hardy (Independent Reviewing Officer)
- Tuesday 5th February 2013:
Pat Rice (Head of Response, Wirral Borough Council)
Joanne Day (Operations Manager, Response Team, Wirral Borough Council)
Pat Manning (Specialist Substance Misuse Worker, Response Team, Wirral Borough Council)
- Wednesday 20th February 2013:
Pat Jones (Head of Targeted Youth Support Services, Children & Young People's Department, Wirral Borough Council)
Kathy Gill (YISP - Youth Inclusion Support Panel Manager, Children & Young People's Department, Wirral Borough Council)
Steve Pimblett (Strategic Service Manager, Integrated Youth Support, Children & Young People's Department, Wirral Borough Council) – Part meeting only
- Monday 4th March 2013:
Phil Sheridan (Virtual Headteacher – Secondary, Children & Young People's Department, Wirral Borough Council)
Steve Dainty (Virtual Headteacher – Primary, Children & Young People's Department, Wirral Borough Council)
- Tuesday 12th March 2013:
Paula Basnett (Manager, Invest Wirral and Foster Carer)
- Tuesday 12th March 2013:
Julie Webster (Deputy Director of Public Health, NHS Wirral)
Gareth Hill (Public Health Manager, NHS Wirral)
Lucy Tomlinson (Public Health Manager, NHS Wirral)
- Monday 18th March 2013:
Sheila Jacobs (Supported Housing Manager, Wirral Borough Council)
- Wednesday 27th March 2013:
Simon Fisher (Service Manager Children with Disabilities, Wirral Borough Council)
Graham Teare (Residential Homes Manager, Children & Young People Department, Wirral Borough Council)
Debbie Pearce (Children with Disabilities Team Manager, Children & Young People Department, Wirral Borough Council)
- Tuesday 23rd April 2013:
Hazel Griffiths-Jones, (Clinical Lead for Looked After Children, Wirral Child and Adolescent Mental Health Services - CAMHS, Cheshire & Wirral Partnership NHS Foundation Trust)
- Tuesday 23rd April 2013:
Gareth Jones (Apprenticeship and Skills Manager, Children & Young People Department, Wirral Borough Council Manager)
Paul Arista (16 – 19 Manager, Children & Young People Department, Wirral Borough Council)

5.4 Written Evidence

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

6. EVIDENCE AND RECOMMENDATIONS

6.1 Aspiration for the Borough's Looked After Children

What the young people said....

- "There is a stereotype about Looked After Children and there are few positive messages."
- "Tell a Looked After Child that they will do bad and they will do bad". "When you are in care, you are always put down and told that you could not achieve."
- "There should be more aspiration for Looked After Children. A friend went to College but was kicked off the course because she did not work. She did not work because she was told that she could not do it."

What the Members welcomed....

- Work to raise the aspiration of Looked After Children towards higher education is taking place in schools and in the Employability Team. However, more remains to be done.
- Aspiration towards educational attainment for Looked After Children is a high priority in those schools that were visited.
- The successful Takeover Day which gives children, including those Looked After, the opportunity to get involved with decision-making and to aspire to become future leaders for their community.

What the Members suggest for future developments....

One of the recurring themes throughout the evidence-gathering stage of the Review has been the need to provide greater aspiration for the Borough's Looked After Children. In addition to the comments received from the young people, as highlighted above, other comments were received from a variety of sources:

"It is important to give them positives and to give them confidence". Foster Carer

"There needs to be greater aspiration among partners for these children". Social Care Professional

"The numbers going to university are increasing but are still relatively small. It is an issue that is discussed at the Children in Care Council in order to spur on other young people. However, there are still young people who believe that they cannot go to university because they are in care". Social Care Manager

"In some cases, although there is good care provided by the foster carer, some carers do not have aspirations for education". Teacher

Whilst the Task & Finish Group Members were told of many examples of aspirational support provided to the children in care, challenges clearly remain. A teacher at one school described the opportunities for some Looked After Children to undertake a visit to Liverpool John Moores University in order to raise aspirations. At an individual level, there were very positive examples of foster carers encouraging young people to succeed.

In October 2012, the Department for Education issued the Charter for Care leavers. In particular, the Charter focuses upon aspiration in the following statement:

To believe in you

We will value your strengths, gifts and talents and encourage your aspirations. We will hold a belief in your potential and a vision for your future even if you have lost sight of these yourself. We will help you push aside limiting barriers and encourage and support you to pursue your goals in whatever ways we can. We will believe in you, celebrate you and affirm you.

Wirral Council has responded by agreeing to sign up to the principles of the Charter. The delivery of these principles into a practical Action Plan remains a challenge for the Council as is the measurement of the future impact of the Charter. However, the Panel Members stress that, in particular, greater aspiration for the Borough's Looked After Children should be embedded within the practices of the Council and its partners. As well as ensuring that children in care are kept safe, there should also be a goal to inspire those children, especially those in long-term care.

Recommendation 1 – Aspiration for Wirral's Looked After Children

As part of its role as a Corporate Parent, Wirral Council will place aspiration for the Borough's Looked After Children at the heart of its decision-making processes. The Council will work with all relevant partners to encourage them to adopt the same principle.

6.2 The impact of foster carers

What the young people said....

- Some young people experienced very strong support from their foster carers but this was not universal.
- “My foster carer spoilt me rotten”.
- Some care leavers were still with their foster carer post-18. Others were able to stay only if they paid weekly lodgings.
- Priority and additional resources being given to foster carers’ own children were seen as unfair. “Foster carers treat us far from their own”.
- “The foster carer used to lock the kitchen door at night”
- Attendance of foster carers at training sessions could be improved. This was particularly noted for connected carers.

What the Members welcomed....

- There were very clear demonstrations of appreciation towards their Foster Carers shown by some of the children in care.
- The numbers of foster carers attending training sessions has improved, although it is recognised that further work remains to be done.

What the Members suggest for future developments....

Training for foster carers

Training for foster carers is delivered by a number of different providers. Each foster carer is expected to complete ‘core’ training as a part of their registration. Currently, all registered foster carers receive a ‘skills’ based fee, which is separate from the fostering allowance.

Although the numbers of foster carers attending training sessions has improved it was reported that there is a significant shortfall in attendance. This is most pronounced among connected or kinship carers (extended family members) among whom there is a particular reluctance to participate in formal training sessions as the child is viewed as part of the family. In the period between July 2012 and July 2013, of the total of 536 foster carers, only 154 (approximately 29%) had attended formal training sessions. However, of the 154, many had attended a number of different sessions. Therefore, it is clear that there is good engagement in the training process from that minority of carers.

An option for the future could be to change the policy so that fees will continue to be paid only if minimum training requirements are met on an annual basis. At the same time, there is also a strong case to provide further encouragement for carers to attend sessions in other ways. This may involve holding sessions at different times of the day, at different venues, offering childcare facilities, ensuring sessions are always of high quality, offering the availability of peer mentors and so on. It is important that the Council reinforces the importance of training to all foster carers.

Recommendation 2 – Incentivising Attendance at Training Sessions for Foster Carers

In order to ensure the continuous professional development of foster carers, consideration should be given to amending the policy so that fees for foster carers will continue to be paid only if minimum training requirements are met on an annual basis. A revised training strategy and coordinated programme should be put in place to support this proposal.

Preparation for Independence

Some of the young people reported their uncertainty regarding life skills, such as budgeting, cookery skills and so on. Further comments from young people are documented later in Section 6.4 (Post-16 Support) particularly with regard to money management and budgeting. Although the provision of life skills training is available from providers such as the Youth Offending Service, additional support would be beneficial. Foster carers have an opportunity to help prepare young people for greater independence. As an example, one care leaver has reported that the strangest experience was being in a room on their own for the evening, as in a busy foster home you were rarely alone. Such experiences could be prepared for in advance. The Members suggest that carers are in an ideal position to provide additional support to promote and develop independent living skills in those young people approaching the time to leave care.

There was also evidence that increased engagement with the Employability Team may enable foster carers to become more aware of employment and training opportunities that may be available to Looked After Children. Additional support and advice from foster carers could help young people to evaluate options for training and employment. A regular network, parents' evenings and newsletters for foster carers would provide the basic information for the carers to undertake that role more fully.

Recommendation 3 – Promotion by Foster Carers of Independent Living Skills and Employment / Training Opportunities

Greater emphasis should be placed on assisting foster carers to promote independent living skills to Looked After Children who are approaching the time of leaving care. Foster carers should also be encouraged to become more aware of the employment and training opportunities available to young people and provide appropriate support.

Enabling Foster Carers to Support Each Other

As outlined above, there is obviously a major role for a formal training programme in order to enhance the skills of foster carers. However, there was also evidence that some foster carers may benefit from greater empowerment in the form of learning from other carers. It has been proposed greater networking and the development on a local online forum, available only to foster carers in Wirral, could help to provide additional support to carers. One foster carer explained:

“Fostering can be lonely and the Forum will enable foster carers to swap ideas. Although there is supervision available from the social worker every six weeks it would be very helpful, in addition, to talk to other foster carers”.

Although the Fostering Network provides an online forum, it is understood that, as the annual fee is £86, many foster carers do not subscribe. Members, therefore, support the principle of developing a localised online Forum which has already been proposed by a group of foster carers in Wirral. It is anticipated that company sponsorship could offset the costs of the Forum.

Recommendation 4 – Enabling Foster Carers to Support Each Other

Further consideration should be given to ways in which foster carers can be empowered to support each other, either through face-to-face discussions or the greater use of the online environment, such as the development of an online Forum.

Looked After Children with Special Needs

A significant number of the children placed into care have special needs or behavioural issues.

Referring to foster carers, one witness who works with children with such requirements explained:

“If they understood the trigger points and the special needs of the young people it would make my job so much easier”.

The Members heard from a number of professionals who argued that foster carers and social workers should have special training if the child in care has designated special needs. As a consequence, the Members have concluded that there should be greater training and monitoring for foster carers who care for children with certain medical and behavioural needs. A programme should be put in place to identify those carers who have specific skills and enable further training to those carers who require enhanced skills. In terms of placements, it is clearly advantageous if the individual needs of the child can be best supported by foster carers who have particular skills.

Recommendation 5 – Care Placements for Looked After Children with Special Educational or Behavioural Needs

When care placements are being considered, it is important that potential carers have the appropriate skills to support children with special needs or behavioural issues. Suitable training and support should be made available to relevant carers and placements should be made with those carers who have the specific skills.

6.3 The Social Care process

What the young people said....

- Some difficulties in contacting social workers were experienced.
- Contact with all social workers was not a positive and supportive experience.
- “The level of support varies depending on the social worker”.
- “There needs to be better social worker contact. The social workers always have other things to do”.
- “If a young person is not rebellious they are not seen as a priority. There needs to be a way of contacting the social workers and being treated as a priority”.
- Social workers have been changed too often.
- “There are so many people in and out of your life”.
- “Over time, we have contact with so many social workers”. One care leaver had been in care for approximately ten years. During that time she has had 6 or 7 social workers.
- Being cared for out-of-borough resulted in one young person feeling isolated.
- Foster care is definitely not the solution for all children in care. Residential Care has been far more suitable for some young people.
- There was some positive feedback regarding the continuous relationship provided by the Independent Reviewing Officers (IRO).
- Confidentiality was a big issue for some of the young people. “Lots of stories about why you are in care are made up”.
- “It would be good if Looked After Children got a travel card”
- The questionnaire showed that only some of the young people do discuss their future plans with social workers and foster carers.
- There was some negative feedback regarding young people being told what they are entitled to, including financial support.
- “The Inclusion Service is brilliant”
- The Children in Care Council is a very positive experience for those who participate. “It shows that the professionals are now listening to the young people”.

What the Members welcomed....

- There is a high level of engagement with the Children in Care Council.
- The successful implementation of the ‘Right Side of Care’ website for the use of Wirral’s children in care.
- The Inclusion Team is able to build strong relationships with young people over a long period of time.
- In recent years, the Council has been able to retain more children in stable placements.
- There is recognition of the strong challenge that is provided by the Independent Reviewing Officers (IROs) in Wirral.
- Staffing levels among the Independent Reviewing Officers has been increased in order to further support the challenge which they are able to provide.
- The successful Residential Providers Forum has become a template for other Local Authorities.
- Although there needs to be more joined up thinking between health, education and social care, it is anticipated that the new organisational structure for Special Educational Needs will assist in this process.

What the Members suggest for future developments....

Stability of Social Worker Contact

During the Review, there were a significant number of comments related to the importance of continuity of social worker contact for the children in care. The availability of social worker time to individuals when required was equally highlighted. One young person summarised the comments of several others when he told the Members that:

“There are so many people in and out of your life”.

A professional reinforced the point by stating:

“Some Looked After Children have a large turnover of social workers. As a result, some of those children see themselves as inconvenient baggage”.

And another added:

“For many Looked After Children, their stories are fragmented with different schools and different social workers”

Members have been informed of the steps that are being taken by the Strategic Directorate to hopefully address the high level of turnover in some teams, including the enhancement of the role, improved training opportunities, reduced manager to social worker ratios as well as remuneration. However, in addition, the organisational structure can contribute to the stability of care for a child. For example, if there is a separate assessment unit from the care management team, then due to the transfer to the new team, the child will be subject to a change of social worker. Therefore, the Members request that further consideration be given to organisational changes that could be made with the aim of keeping transitions for the child to a minimum.

Recommendation 6 – Organisational Structure and Stability of Social Worker Contact

Consideration should be given to whether the organisation of Social Care teams can contribute towards greater stability of care for a child with regard to social worker contact so that transitions from one team to another are kept to a minimum. It is hoped that the current re-modeling and realignment of the social care workforce will contribute towards this aim.

Financial Entitlements

The Parliamentary Under Secretary of State for Children and Families wrote to all Local Authorities in October 2012 requesting that Councils consider increasing the care leavers' grant to at least £2000 and review the figure annually with the Children in Care Council. At that time, the rate in Wirral was £1500 and approval is now being sought to raise it to £2000. The Members support this approach.

Comments emerged during the Review from the young people and from some professionals to suggest that there is a lack of clarity regarding the financial entitlements for children in care and care leavers. It is acknowledged that work is taking place among Local Authorities in the North West Region to review guidance to financial support and entitlement. It is understood that a local guide will be produced based on the regional model. Again, this approach is welcomed. However, it is suggested that further work is required to ensure that consistent information is available and is actually received by the young people. It is also interesting to note that the previous Scrutiny Review, entitled 'Scrutiny of the Outcomes for Children in Foster Care, produced in 2008, included a recommendation to "Ensure that looked-after children are aware of their financial entitlement".

Recommendation 7 – Financial Entitlements for Looked After Children

Advice to Looked After Children regarding financial entitlements should be available, consistent and timely. The North West Regional initiative on financial support and entitlements is welcomed.

Communication with Looked After Children

Linked to the previous recommendation is a more general point on communication to the children in care and to care leavers. It was suggested that there should be a greater emphasis placed on monitoring and evaluating the information that Looked After Children are actually receiving. Much of the information to carers and young people is currently delivered by email, telephone and written communication. It is perhaps timely to consider the use of Apps and texts as well as the Internet, in order to consolidate information flow.

Recommendation 8 – Communication with Looked After Children

In order to improve the provision of information to the Borough's Looked After Children, Wirral Council is encouraged to further develop the 'Right Side of Care' website alongside the introduction of new forms of communication such as Apps and texts.

6.4 Post-16 Support

What the young people said....

- Those who had already left care recorded that they had very little money at that time.
- Care leavers should be better prepared, for example, in budgeting.
- There was some very positive feedback regarding the Leaving Care Team. “The Leaving Care worker was brilliant”; “The social worker from the Pathways Team has been great”.
- When leaving care, one young person felt isolated and without any emotional support. “There was no help with money or support”
- “It is silly, that at 18 years old, they assume that you are OK to be on your own”.
- There is a perception of a “cliff-edge” at 18 years old for some young people. “We have to move out at 18 even if you’re not ready. We’re still kids”.
- “In a normal family you do not get told to go when you are 18”.
- More support should be available post-18. There were requests for more financial support to be available until the age of 21.
- “Not having a family to turn to is very hard”.
- Some young people welcomed the First Home Grant (also known as care leavers’ grant).
- “There should be a benefit for care leavers”.
- “We need someone to listen and to come to your flat if necessary”.
- “I am unusual because I want to be on my own. However, there is still a need for someone to be available if you need them”.

What the Members welcomed....

- There was positive feedback towards the work of the Pathways Team, not only from some young people, but from Foster Carers too.
- There was evidence of strong partnership working between different agencies. This was apparent in the work taking place between the Pathways Team and the Social Landlords and also with the Youth Offending Service.
- The Pathways Team has worked alongside Job Centre Plus to develop the Care Leaver’s protocol, which aims to support care leavers into work.
- Positive outcomes from the Independent Visitor Service were reported.

What the Members suggest for future developments....

Timing of Transfer to the Pathways Team

In October 2012, the Department of Education issued the Care leavers in England Data Pack alongside the Charter for Care leavers. This documentation states that, nationally, too many young people are leaving care at age 16, particularly from children’s homes. Although many go home, 26% move to independent living. The government expects all Local Authorities to support and prepare young people for adulthood in a measured and flexible way so that young people move to independence when they are ready.

A number of contributors expressed concern regarding the timing of the transition of the transfer of Looked After Children to the Pathways Team in preparation for leaving care. One professional who works closely with care leavers explained:

“The age of 16 is a time of massive uncertainty for all children regarding exams, etc.. For Looked After Children, we add to that by them leaving care. The timing of transition is not that flexible”.

The case was made strongly that there was a need for additional support for Looked After Children through the period around 16/17 years old when they are doing GCSEs, looking for further education, training or employment and, for many, leaving foster care to become more independent. A huge amount of change is taking place simultaneously. In fact, some of the foster carers with whom the Members met suggested whether earlier contact with the Pathways Team may help. Members were also informed that as the Pathways Team get involved with a Looked After Child, at their 16th birthday, for some children, depending on their date of birth, that is not early enough to provide support to the young person in making their post-16 applications.

Members have, therefore, concluded that it would be beneficial for there to be greater flexibility around the timing of transition to the Pathways Team, based on each young person's individual needs.

Recommendation 9 – Transfer to the Pathways Team

Recognising the educational importance of year 11, an assessment should be carried out regarding the merits of providing a gradual transition to the Pathways Team focused on both the school year and the needs of the young person rather than on the 16th birthday of the care leaver.

Post-18 Support

The care leavers in England Data Pack released by the Department of Education (in October 2012) stresses the importance of ensuring that the young person has a network of support so that they do not feel alone and experience loneliness. Comments from both young people preparing to leave care and from others who have been through the process (see 'What the Young People said....' above) suggest that more could be done in this regard. Indeed the point was made that, once a child in care is 16 years old, the system assumes that planning starts for them to leave care. Members warmly welcome the proposals to support payments based on the Staying Put principles that are now being developed for Wirral. This should enable those young people who wish to stay with their foster parents post-18 to do so. However, concerns remain among professionals:

“There is a need to ensure that back-up is available to Looked After Children if “they have had a bad day” to prevent them giving up on opportunities”.

“There are real concerns about what will happen to some of the young people when they leave school and have less day-to-day support. What will stop them going off the rails?”

Members were informed that those children in care who are under 18 years of age are unable to claim benefits. Therefore, they tend to maintain contact with the Pathway Team in order to maintain financial support. However, once they reach 18, “they have to live in the adult world” and contact is often lost.

Recommendation 10 – Post-18 Support

The reduction of support for Looked After Children at 18 years old represents, to some care leavers, “a cliff-edge”. Whilst the planned introduction of a ‘Staying Put’ policy in Wirral is warmly welcomed and although personal advisers are available post-18, the Strategic Director for Families & Wellbeing is asked to consider options for the ability of young people to access more one-to-one support and opportunities for “drop in” facilities for Care leavers.

Independent Visitor Service

The Independent Visitor Service is a statutory service providing volunteers who befriend, support, advise and guide children or young people (aged 6-21) who are in the care of the Local Authority and who have little, irregular, poor quality or no contact with parents or where an appointment is seen to

be in the child's best interests. The Service is independent of professionals involved in the care of the young people and anything discussed during the visits remains confidential subject to safeguarding practices. Referrals can be made from carers, social workers, Independent Reviewing Officers, other professionals and from the young people themselves. Referrals are made usually because the young person is isolated or they are experiencing a number of changes in their lives and an Independent Visitor is someone who can provide consistent support over a long term basis. The service in Wirral is currently provided by Wired and is supporting 20 young people. The youngest currently supported is 11; the oldest is 20. Young people are in a variety of settings such as foster placements or residential care and can be in Wirral or out of Borough.

The service is promoted through a variety of means such as the distribution of information leaflets, Wired's website and attending foster carer forums. However, particularly given the evidence presented in Section 6.4 (Post-16 Support) it is suggested that the Independent Visitor Service may be able to play a greater role in reducing some of the concerns expressed by the young people at the time of leaving care.

Recommendation 11 – Independent Visitor Service

The profile of the Independent Visitor Service should be raised in order to provide additional support for young people and to present opportunities for greater continuity in support.

Ownership of the Pathway Plan

During meetings, Members heard that there was a perception that for a significant number of Looked After Children, the Pathway Plan was "targeted at them rather than with them". The Department of Education stresses that there should be sufficient focus on the young person's Pathway Plan to ensure it clearly maps out the needs and ambitions of the young person. Based on the evidence available to the Members, it is suggested that further work is required in this area.

Recommendation 12 – Ownership of the Pathway Plan

In order to remove the sentiment held by some young people that the Pathway Plan is targeted at them rather than with them, more attention is needed to ensure that the young person 'owns' the Pathway Plan, with enough support being provided by the social worker to enable that to happen. It is suggested that development work is undertaken with the Pathway Team to enable this transformation.

6.5 Education

What the young people said....

- Some young people experienced strong support from their school but this was not universal.
- There was a very mixed response regarding the relationship with the Designated Teacher. Some young people had a supportive relationship whereas some young people did not know who their Designated Teacher was and others had a poor relationship.
- “Additional money goes to the school but you don’t see it”.
- Some young people received support from the school in the form of equipment such as laptops.
- There was evidence from the questionnaire that young people do feel encouraged to do well at school by their carers, although this was not universal.
- Attendance by some foster carers at Parents’ Evenings was limited.
- Some care leavers felt that they were not encouraged to succeed at school as they would not be able to cope with the academic stream. For example, “they picked my career for me at that age”.
- Being treated equally in school and not being stigmatised would help.
- “A Looked After Child in school is seen as problem child.”
- There was evidence of some bullying related to young people being in care.
- Referring to the instability in her life, one young person commented “How can they expect you to be stable at school when all that is going on?” followed by “Why do they want to move you when you are expecting exams?”

What the Members welcomed....

- The ethos and the extensive support provided towards Looked After Children at both the Observatory and Woodchurch High School was hugely impressive. The staff at the school clearly know the children very well, trying to understand individual needs and making reasonable adjustments. The schools act as very strong advocates for their children in care.
- The re-alignment of the Looked After Children Education Service (LACES) has led to the monitoring of data on a pupil by pupil basis. This has enabled detailed conversations with schools which, hopefully, will facilitate the effective targeting of resources and lead to improved attainment.
- The new working methodology of the LACES Team will hopefully encourage long-term planning for individual Looked After Children in schools.
- There were reports that Independent Reviewing Officers are now regularly asking how the Pupil Premium is being spent.
- There is some evidence that the additional support, including mentoring, is leading to improved results for Looked After Children at GCSE (Key Stage 4). This is demonstrated by the table below. In 2012, 4 LAC (Year 11) achieved 5 A*-C (including English and Maths) out of a cohort of 33, that is 12%. The target for 2013 is to increase this performance to 20%. However, attainment levels remain well below the average for non-Looked After Children.

The attainment of Looked After Children achieving 5+ GCSE A*-C, including English and Maths is demonstrated by PI 101:

PI 101	Wirral LAC 2010	Wirral LAC 2011	Wirral LAC 2012	National 2010	National 2011
5+ A*-C including English and Maths	8	9	12	12	13
5+ A*-C	29	26	42	26	31

Source: ‘Review of Attainment & Progress at the End of Key Stage 4’, Children and Young People’s Overview and Scrutiny Committee 21st January 2013

As a comparator, the equivalent data for all Children is demonstrated by PI 75:

PI 75	Wirral 2010	Wirral 2011	Wirral 2012	National 2010	National 2011	National 2012
5+ A*-C including English and Maths	58.7	64.1	64.8	53.5	58.9	58.3

Source: 'Review of Attainment & Progress at the End of Key Stage 4', Children and Young People's Overview and Scrutiny Committee 21st January 2013

What the Members suggest for future developments....

Relationships between Schools and Social Care

It was clear during the course of the Review that many of the social care and educational professionals have a great desire to meet the needs of the children in care. However, evidence arose that partnership working was not always strong and that improved mutual understanding of the roles of teachers and social workers would be beneficial. The Members heard observations that there needs to be a closer working relationship between schools and social workers in the interests of the children in care. There were requests for faster response times to queries and a better way of contacting social workers. It is interesting to note that the Scrutiny Review of Literacy Levels at Key Stage 2, which reported in January 2010 found similar evidence. That report concluded:

"With respect to the care of vulnerable children, there was evidence of some frustration regarding the relationship between schools and the Children's Social Services Department of Wirral Borough Council. This frustration could be heard in the words of one head teacher, who commented that "There is a desire for people from different departments (education, social care and health) to work together but there are still barriers. Sometimes people can be reluctant to open out and work together. There are lots of little islands"".

The Literacy Scrutiny Review included the following two recommendations:

"Greater emphasis should be given to the provision of a consistent link between schools and Children's Social Care Services. A Social Worker should be allocated to either a Children's Centre or a School Cluster Group, wherever is most appropriate".

"The Council is encouraged to promote more multi-agency working, specifically by improving protocols for the sharing of information between health, social care and education professionals. This should apply particularly to 'hard to reach' families".

Therefore, in order to strengthen the relationship between schools and social workers, the Members recommend that lines of communication are strengthened, commencing with regular meetings between Designated Teachers and District Managers.

Recommendation 13 – The Relationship between Schools and Social Workers

More emphasis should be placed on developing stronger working relationships between schools and social workers, enabling better lines of communication. In particular, regular meetings between Designated Teachers and District Managers would provide a basis for progress.

The Personal Education Plan (PEP)

In order to enhance the educational outcomes of Looked After Children, a Personal Education Plan (PEP) should be prepared for each child in care. The PEP is a record of what needs to happen for Looked After Children to enable them to fulfil their potential and reflects any existing education plans, such as a statement of special educational needs. The PEP is the joint responsibility of the Local Authority and the school, although the process should be led by the child's social worker.

The Members heard a number of suggestions from professionals that the completion and value placed upon the PEP needs to be improved, with greater emphasis on ensuring that the PEP has identified where additional support is required and that the support is actually provided. It was also suggested that the process requires greater consistency. Although positive work is taking place to further develop the plans in consultation with foster carers and social care teams, more progress is needed. One Manager concluded that:

“Whilst the social worker’s major focus is on the safety of the child, there are challenges to ensure that the PEP is not seen as a low priority”.

In terms of the process, there was a proposition that the PEP process works better if there is continuity in attendance at meetings and that the process will only be successful if fully supported by social work managers, social workers and Designated Teachers. It was also emphasised that the success of the PEP in schools can rely on the relationship between the Designated Teacher and the class teachers.

Recommendation 14 – Raising the Profile of the Personal Education Plan (PEP)

A greater emphasis should be placed on raising the profile of the Personal Education Plan (PEP) and ensuring that the value of the plan is better understood by all those responsible for the welfare of a young person.

Consistency of Reviews for Looked After Children

An LAC Review is held a minimum of every six months. In Wirral, the PEP Review is a separate process, although many of the same people are involved. It is understood that in some Local Authorities, for example, Bristol City Council and Norfolk County Council the PEP Review takes place in conjunction with the LAC Review. The purpose is to ensure that these two strands of the child’s care plan are in alignment.

This was also a recommendation of the 2008 Scrutiny Review, ‘Scrutiny of the Outcomes for Children in Foster Care’:

“Consideration should be given to combining, to a greater or lesser extent, joint care meetings – LAC Reviews and PEP meetings – in order to make more effective use of professional’s time”.

However, the Officer response reported in the Fostering Service Progress Report for the Children and Young People Overview and Scrutiny Committee, 21st January 2010, is also noted:

“Wherever possible, LAC Reviews and PEP meetings are combined. Social workers and Independent Reviewing Officers do consider whether this is possible when LAC reviews are booked. It does however remain the case that combined reviews are not always an option. For example, statutory timescales cannot be changed to enable a combined review. In addition, some LAC Reviews are called to consider specific issues other than education. It would not be appropriate to combine such a review with a PEP meeting”.

Recommendation 15 – Consistency of Reviews for Looked After Children

Consideration should be given to holding the PEP Review and the LAC Review at the same time wherever possible. The Task & Finish Group welcomes the work underway to improve the PEP in line with best practice in other authorities and recommends ways are found to enhance sharing of the data required between school and social worker.

Engagement of Foster Carers in the education of children in care

The previous Scrutiny Review, referred to earlier, which investigated Literacy Levels at Key Stage 2 again commented upon importance of education and, in particular, literacy skills for children in care. At that time, the Panel Members sought to encourage the Authority to raise the profile of literacy specifically for Looked After Children in order to enhance their life chances. It was suggested that foster parents should be given greater support specifically to help them assist their fostered children in improving their literacy skills. The Literacy Review recommended:

“Training courses for Foster Carers and staff in Residential Homes should include a module on literacy and raising standards”.

In addition, the ‘Scrutiny of the Outcomes for Children in Foster Care’ Report (2008) included a recommendation:

“There should be strong encouragement for foster carers to attend schools’ Parents evenings and PEP meetings and provide the means for doing so through additional childcare arrangements. Carers should have regular contact with the Designated Teacher”.

During the current Scrutiny Review, concerns were again raised among professionals regarding the role of foster carers in emphasising the importance of education. There were calls for some foster carers to become more aspirational towards education. Evidence emerged that attendance at school parents’ evenings by foster carers was partial. One way in which greater emphasis could be placed on education is by providing clarity regarding the responsibility for attendance at parents’ evenings, whether it be the foster carer or the social worker. It was also suggested that more could be done to give foster carers the confidence to go into schools and ask questions.

Recommendation 16 - Attendance at Parents’ Evenings

The expected arrangements for attendance at Parents’ Evenings ought to be specified in the Personal Education Plan (PEP).

Personal Education Allowance

Funding for Looked After Children is available to schools via a number of streams:

- Pupil Premium - £900 per Looked After Child per year is payable to the school (2013/14 rate).
- “First 500” – The Wirral School Forum has agreed that an addition £500 per Looked After Child is payable to the school for each Wirral child in care (although not Looked After Children from other Local Authorities).
- Personal Educational Allowance – Schools can apply for specific amounts of funding to support individual Looked After Children for activities such as additional tuition, educational equipment and educational trips. This fund is administered by the Social Care Branch.

The Members suggest that further emphasis is given, by working effectively with the schools, to ensure that this additional funding is used as effectively as possible to improve the educational outcomes for the Borough’s Looked After Children.

Recommendation 17 – Personal Education Allowance

Alongside Pupil Premium, the Personal Education Allowance (PEA) represents a valuable resource to help Looked After Children achieve the educational results of their peers. The LACES team is encouraged to both analyse the effectiveness of the PEA funding and seek to ensure the funding is accessed by all of the Looked After Children who would potentially benefit.

6.6 16+ Employability

What the young people said....

- In several cases, college has been very supportive.
- Several care leavers recognised the importance of apprenticeships as they provide experience. “Apprenticeships set you up for a proper job.”
- There were several examples of young people struggling to settle into a job.

What the Members welcomed....

- Within the Employability Team, it is a big asset to have a former Looked After Child acting as a peer mentor. “The issue is not about throwing money at it. It’s about getting the right people to work with the children”. The use of peer mentors is now being replicated by other Local Authorities.
- The percentage of Looked After Children at the age of 19 who are in education, employment or training (Performance Indicator NI148) continues to improve. The last three years has seen an increase from 36% (2010/11) to 52% (2011/12) to 61% for NI148 in Wirral for 2012/13.
- The Inclusion Service aims to create work experience for Looked After Children.
- The Brathay Project, and subsequently the use of Oaklands as the partner organisation in delivering the NEET Participation Programme. This programme received excellent feedback and was recognised as being superb for building confidence in Looked After Children.
- The work that is taking place to achieve the FromCare2Work Kitemark.

What the Members suggest for future developments....

The Employability Team is responsible for providing support to both Looked After Children who are still in education post-16 in addition to those who are NEET or on the edge of NEET. Comparative information is available in the following table regarding the activities of 19 year olds.

	Cohort of 49 young people who were 19 in Wirral as of November 2012	Activities of 19 year old care leavers in 2011 (England)
Percentage in education, employment or training	61%	65%
Percentage not in education, employment or training (NEET)	31%	30%
Percentage not in education, employment or training (NEET) because of because of disability or illness	8%	5%

Source: Care leavers in England Data Pack released by the Department of Education (Oct 2012 and 2012 Care leaver in Education, Employment and Training (Wirral) Briefing paper

It is also interesting to note that the Care leavers in England Data Pack reports that young people in education at age 19 are more likely to have had stable care periods than those in other activities. 80% of the young care leavers in higher or other types of education had a single period of care compared with 72% of those in training or employment and 69% of those who were NEET.

The Local Authority has set a target of 65% of care leavers aged 16–19 being in employment, education or training in 2012 / 2013. As at April 2013, the level was 62%, with a caseload of 105 Care leavers in the 16–19 age group. A challenge for the future is the extension of the duty to ensure that support is also in place for 20 and 21 year olds. On current figures, this will increase the caseload to 179. In order to maintain the level of service, there is a proposal for additional capacity to be provided by peers who have been through the care system in order for the team to cope with the expected additional demand.

Recommendation 18 – Increasing the Capacity of the Employability Team

As the statutory duty to provide support to 20 and 21 year old Care leavers is introduced, the proposal to increase the capacity of the Employability Team with a peer mentor and an apprentice is fully supported.

Opportunities for Work Experience

The importance of building self-confidence in Looked After Children was heard repeatedly throughout the Review. Members were informed that, for some children in care, there is a need to improve self-esteem and confidence levels, for example, to help with interview skills. This can be a significant problem at the age of transition (16–17 years old) when the young person is moving to semi-independence; a period which can be particularly difficult when there is no parental input.

One way of achieving increased confidence levels is to provide relevant experiences in order to prepare a young person for further training and eventually for work. One foster parent commented:

“Work experience is very important for Looked After Children as a confidence builder”

It was noted that there is an offer of a one week’s placement to Looked After Children to work with the Inclusion Team based at Moreton Family Centre. However, it appears that this process is not replicated across other parts of the Council. It was suggested that, as the Corporate Parent for these young people, the Council could provide greater opportunities for internships and job experience across all Departments. Furthermore, it was also suggested that procurement arrangements could be used to encourage companies to offer work experience, internships and apprenticeships to care leavers.

Recommendation 19 – Opportunities for Work Experience

Wirral Council, as a Corporate Parent, is encouraged to identify and promote opportunities for internships and work experience for Looked After Children and Care leavers within the Council. Consideration should also be given to the Council’s procurement arrangements in order to encourage similar opportunities in other companies.

Apprenticeship Scheme

The past success of the Wirral Apprentice scheme has been widely recognised. Members were informed that the previous scheme, in order to support the needs of the Borough’s Looked After Children, was able to ensure ring-fenced interviews for care leavers as part of the Council’s Corporate Parenting responsibilities. As the Apprentice scheme is now being offered on a Liverpool City Region basis, Members welcome the news that the principle of ring-fencing interview opportunities for Looked After Children has been retained. The report, Wirral Apprentice Programme, supporting a delegated decision made by the Portfolio Holder for Economy and Regeneration on 29th July 2013, includes the following statement:

“To open up apprenticeship places for care leavers a limited number of £500 premium payments will be available to businesses recruiting via the Wirral Apprentice programme. The purpose of the premium is to enable officers to incentivise employers and secure ring-fence interviews for care leavers”.

The Financial Planning Assumptions in the report show that, in the current financial year, it is assumed that four Looked After Children will benefit from this premium payment. This approach is warmly welcomed by the Members undertaking this Scrutiny Review.

Higher Education

It is recognised that the Employability programme, delivered by the Looked After Children Employability Team, arranges for the provision of academic mentoring support to those still in full-time education. As an example, Liverpool John Moores University provides mentors from among the undergraduates, for example, to improve exam techniques. University visits are also arranged to show children in care that university is within their range. Nevertheless, in 2012, three Looked After Children progressed to higher education. In September 2013, it is hoped that six former children in care will go on to higher education with a further four identified as potential university entrants in September 2014, with there being potential for the latter figure to be higher. As a comparator, the Care leavers in England Data Pack released by the Department of Education (in October 2012) reported the activities of 19 year old care leavers in 2011. Nationally, 7% were reported to be in higher education. The report also noted that young people who were in foster placements immediately before leaving care are the most likely to be in higher education aged 19.

It is recognised by the Members that a lot of work is taking place to raise aspirations among this cohort. Nevertheless, as Corporate Parents, it is reasonable to aim to raise aspirations even further. It is noted that Local Authorities have a duty to pay a higher education bursary of £2000 to any care leaver who started a course after September 2008.

Recommendation 20 – Higher Education

Greater emphasis should be placed on inspiring more Care leavers, for whom it is the appropriate route, to attend Higher Education. Consideration should be given to the opportunities that there may be to provide Care leavers with appropriate experiences early in the sixth form (or before).

Employment Opportunities For All

The Department for Education has been funding the FromCare2Work Programme run by the National Care Advisory Service which provides care leavers with employment opportunities. The Department is encouraging all Local Authorities to actively work with the programme. It is encouraging to note that Wirral Council is actively engaged in working towards achieving the From Care2Work Kitemark. Although Members in the previous recommendation have stressed the importance of aspiration towards higher education, they also heard evidence of the importance to support the aspirations of all children in care, whether that be on an academic or vocational basis.

Recommendation 21 – Employment Opportunities for All

The principle of seeking the right opportunities for individual Care leavers is supported, with an equal emphasis being placed on vocational avenues as well as academic learning.

6.7 Housing, Health and Youth Support

What the young people said....

- The Council should take more care about where they let young people move to. For example: “There was no central heating or double glazing. It was very cold”.
- Semi-supervised living is a good way to prepare for leaving care.
- There were low expectations about finding “somewhere nice to live in the future”.
- In some cases, the social worker provided little support towards care leavers finding accommodation.

What the Members welcomed....

Housing

- The floating support model enables care leavers to have some independence but with some support being available.
- The Supporting People Programme provides support to vulnerable young people. Currently there are 289 units of supported accommodation for young people, some of whom will be care leavers.
- Wirral Supported lodgings, provided by Local Solutions, is recognised as a cost-effective way of providing supported accommodation to those moving towards independent living.
- The establishment of the Homelessness Gateway has been a very positive development. Since August 2012, the Response team has been the lead agency on the Homelessness Gateway for young people aged 16 /17yrs. The Gateway ensures that young people are given the support they need to prevent homelessness and also encourages young people to stay with their families if possible and safe to do so.

Health

- There were only three definite matches of recorded pregnancies among Looked After Children in Wirral between 2007 and 2012. No national data of the incidence of teenage pregnancy among Looked After Children is available to be used as a comparator.
- The Healthier Homes Programme resulted in all residential homes in Wirral becoming accredited. Other Local Authorities are now implementing similar programmes using the Wirral scheme as a model.
- The successful Health Challenge Champions Programme has been devised to support young people on the edge of care.
- Child and Adolescent Mental Health Services (CAMHS) have recently produced an assessment of gaps in training for foster carers. This has resulted in the production of a training pack aimed specifically at foster parents.
- There is recognition of the need for more detailed screening for vulnerable children with regard to the early identification of communication issues and the promotion of emotional literacy.

Youth Support

- The impressive work of the Response Team supports some of the most vulnerable young people in the Borough, which includes some Looked After Children.
- Preventative services, such as those provided by the Response Team, are vital for vulnerable young people.
- The successful introduction of a protocol to prevent Looked After Children obtaining a criminal record has, since 2008, led to the reduction in the numbers of Looked After Children offending.

What the Members suggest for future developments....

Screening for Vulnerable Children

It has been recognised, over the years, how quickly young children fall behind in school, for example, when they miss out on early years provision. Therefore, without adequate early years provision the child is behind when they start school and they tend to stay behind. Due to their background circumstances, there is a greater risk of Looked After Children not succeeding at school. In 2012/13, an application was made for health funding to employ a Speech & Language Therapist to work with three geographical clusters of Looked After Children aged between 4 years and 7 years in Wirral. The views of foster carers were sought and an assessment of gaps in training for foster carers was produced. Of 15 children in one cluster, three of the children had not previously been identified by the normal screening. The outcome was recognition of the need for more detailed screening for vulnerable children. As a consequence, a training pack for foster carers has been developed.

Recommendation 22 – Screening for Vulnerable Children

Consideration ought to be given to ways in which screening can be improved to ensure that all vulnerable children, including Looked After Children, are identified and receive appropriate interventions to make sure that children are more able to communicate and to promote emotional literacy.

A Guarantor for Private Landlords

It was reported during the Review that, initially, care leavers are likely to move to some form of supported accommodation. There is a limited supply of single room accommodation in Wirral. Therefore, it can be difficult for clients to move on from supported accommodation. As a result, some care leavers will approach the private sector for accommodation requirements. However, Members were informed that as most private landlords require a guarantor and the Local Authority is not able to act as a guarantor, care leavers are disadvantaged. It is suggested that the extent of this problem may be an issue worthy of further investigation on which the Corporate Parenting Group may be well placed to lead.

Recommendation 23 – Supporting Care leavers in obtaining tenancies

Models of good practice from elsewhere should be explored in order to further support care leavers in obtaining tenancies.

Prospects for Sharing Accommodation

It was suggested during the Review that, in order to enhance the opportunities for care leavers to find suitable housing, sharing accommodation with fellow care leavers may be an appropriate option. In order to facilitate this alternative, it may be feasible to extend the 'Right Side of Care' website to provide a forum for placing online advertisements.

Recommendation 24 – Sharing Accommodation

The feasibility of using the 'Right Side of Care' website to include the facility for offering opportunities for sharing accommodation should be investigated.

Monitoring the Quality of Accommodation

Some concerns were raised by care leavers regarding the quality of accommodation that they were expected to move to. This argument was supported by one professional who argued:

“The process for housing young people who are leaving care should ensure that adequate monitoring and checking is taking place to make sure that reasonable expectations are being met”.

Members are concerned that checks should be adequate to ensure that reasonable expectations are being met.

Recommendation 25 – Monitoring of the Quality of Accommodation

The process for housing young people who are leaving care should ensure that adequate monitoring and checking is taking place with young people to make sure that reasonable expectations of accommodation are being met.

***This Report was produced by the Looked After Children Scrutiny Task & Finish Group
(which reports to The Families and Wellbeing Policy & Performance Committee)***

Appendix 1: Scope Document for the Looked After Children Scrutiny Review

Date: 6th December 2012 (Draft 4)

Review Title: Outcomes for Looked After Children

Scrutiny Panel Chair: Cllr Wendy Clements	Contact details:
Panel members: Cllr Walter Smith Cllr Pat Williams	
Scrutiny Officer: Alan Veitch	Contact details: 0151 691 8564
Departmental Link Officer: Simon Garner	Contact details:
Other Key Officer contacts:	
<p>1. Which of our strategic corporate objectives does this topic address?</p> <p>The Council's Corporate Plan 2012/13 includes the following statements:</p> <ul style="list-style-type: none"> • We will continue to work with our partners to protect children and young people from harm and improve the lives of the children and young people already in our care. • We will ensure that children in care and care leavers have appropriate support which best suits their needs, including fostering and adoption. <p>Specific targets quoted in the Corporate Plan include:</p> <ul style="list-style-type: none"> • Increase the numbers of looked after children achieving Level 4 at Key Stage 2 to 50% in English and to 50% in Maths) and those achieving 5+ GCSE A*-C (including English and Maths) to 20% • Increase the numbers of care leavers in education, employment and training to 65% 	
<p>2. What are the main issues?</p> <p>How well are Looked After Children prepared for adult living, with particular reference to outcomes including the following:</p> <ul style="list-style-type: none"> • Educational attainment • Employment and training (as opposed to NEET) • Home / accommodation circumstances • Social / emotional development • Rate of entry to the Justice System (Note: Children, under the age of 18, in custody or on remand are deemed to be Looked After Children) • Problems relating to drugs and alcohol • Incidence of teenage pregnancy • Transition for children with disabilities <p>Note: Reference will be made during the review to the impact of welfare reforms on care leavers.</p>	

<p>3. The Committee's overall aim/objective in doing this work is: The Council has a responsibility, as corporate parents, for the Borough's Looked After Children. Data consistently shows that outcomes for Looked After Children are poorer than the national average. As an example, the percentage of Looked after Children achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths) in 2012 is 12%. This equates to 4 out of 33 children in the cohort. This review will investigate the steps which the Council and other partners are already taking and consider further actions that may be feasible in order to improve the outcomes for Looked After Children.</p>															
<p>4. The possible outputs/outcomes are: 4.1 Understand the current issues for both Looked After Children and the service providers. 4.2 Identify ways in which outcomes for Looked After Children, as listed in section 2 of this document, can be improved.</p>															
<p>5. What specific value can scrutiny add to this topic? Scrutiny will give members the opportunity to assure themselves that the Council and partners are taking all possible steps to ensure that the outcomes for Looked After Children are improved. Scrutiny will enable the experience of those directly impacted by the reforms to help identify any recommendations for changes. These recommendations will be referred to Cabinet.</p>															
<p>6. Who will the Committee be trying to influence as part of its work? 6.1 Appropriate Cabinet members and Directors, Wirral Borough Council. 6.2 Partners of the Council, for example, Housing partners, schools and NHS Wirral.</p>															
<p>7. Duration of enquiry?</p> <ul style="list-style-type: none"> • The Scope document will be reported to the meeting of the Children & Young People Overview and Scrutiny Committee to be held on 21st January 2013. • Evidence-gathering will take place between November 2012 and February 2013. • A progress report will be presented to the meeting of the Children & Young People Overview and Scrutiny Committee to be held on 18th March 2013. 															
<p>8. What category does the review fall into?</p> <table> <tr> <td>Policy Review</td> <td>X</td> <td><input type="checkbox"/></td> <td>Policy Development</td> <td><input type="checkbox"/></td> </tr> <tr> <td>External Partnership</td> <td></td> <td><input type="checkbox"/></td> <td>Performance Management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Holding Executive to Account</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Policy Review	X	<input type="checkbox"/>	Policy Development	<input type="checkbox"/>	External Partnership		<input type="checkbox"/>	Performance Management	<input type="checkbox"/>	Holding Executive to Account		<input type="checkbox"/>		
Policy Review	X	<input type="checkbox"/>	Policy Development	<input type="checkbox"/>											
External Partnership		<input type="checkbox"/>	Performance Management	<input type="checkbox"/>											
Holding Executive to Account		<input type="checkbox"/>													
<p>9. Extra resources needed? Would the investigation benefit from the co-operation of an expert witness? The review will be conducted by councillors with the support of existing officers. However, the panel are looking for advice from people with expertise on this topic.</p>															

10. What information do we need?	
<p>10.1 Secondary information (background information, existing reports, legislation, central government documents, etc).</p> <ul style="list-style-type: none"> • Relevant Government Departmental reports • Relevant national documents • Previous Cabinet / Scrutiny Committee reports • Scrutiny Reports from other Councils into similar topics, for example, Haringey, Hartlepool, Cheshire East • Care leavers Data Pack, published by Department of Education, October 2012 • Educational Achievement Performance Data for Wirral and statistical neighbours • Evaluation of the Staying Put: 18 Plus Family Placement Programme - Final report (Department of Education) 	<p>10.2 Primary/new evidence/information</p> <ul style="list-style-type: none"> • Interviews with key officers • Interviews with current and former Looked After Children as well as foster providers • Examples of best practice from other Local Authorities • Information relating to: <ul style="list-style-type: none"> • Access to leaving care grants • Access to bursaries for those staying in education and higher education • Pathway Plan
<p>10.3 Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc).</p> <p>Potential witnesses include the following:</p> <ul style="list-style-type: none"> • Julia Hassall, Acting Director of Children’s Services, Wirral Borough Council • Simon Garner, Acting Head of Children’s Social Care Branch, Wirral Borough Council (and Chair of the North West After Care Forum) • Fiona O’Shaughnessy / Dave Walker / Jeanette Geary, Children’s Inclusion Service, Wirral Borough Council • Brian Ronson, Leaving Care Service– Pathway Team Manager • Simon Fisher, Transition Team, Wirral Borough Council • Anne Patterson, Independent Reviewing Officer (IRO), Wirral Borough Council re. What are children saying about the leaving care process? • Vivian Stafford, Strategic Service Manager: Post 16 Commissioning and Economic Generation, Wirral Borough Council (Also to cover the Apprenticeship scheme) 	<p>10.4 What specific areas do we want them to cover when they give evidence?</p> <p>How well are Looked After children prepared for adult living, in particular with reference to the outcomes listed in section 2 earlier?</p> <p>Do care leavers have access to information about their care leaver entitlements?</p> <p>How does the Council work with the FromCare2Work programme run by the National Care Advisory Service?</p>

<ul style="list-style-type: none"> • Phil Sheridan, Consultant Headteacher (Secondary) and Virtual Headteacher, Wirral Borough Council. To also include the Looked After Children's Education Service (LACES) team, Wirral Borough Council • Anne Tattersall, NHS Wirral and Head of Being Healthy Outcome Group (regarding health and teenage pregnancy issues plus funding arrangements and commissioning arrangements with CCGs) • Housing Team, Wirral Borough Council – Sheila Jacobs, Supported Housing Manager plus Catherine Green, Rehousing Services Manager • Pat Rice, Response, Wirral Borough Council (Lead for 16-17 Protocol Group) • Patricia Jones, Youth Offending Service • Sue Brown, Assistant Chief Officer, Merseyside Probation Trust (or nominee) • Members of the Children in Care Council (Contact: Fiona O'Shaughnessy) • Former Looked After Children (Contact: Brian Ronson) • Foster carers (Contact: Sue Leedham) • Private Foster Carer (if possible) • Teachers / staff from schools, for example, Observatory School, Woodchurch High School, Wirral Alternative School Programme (WASP) (Role of Designated Teacher re. LAC in schools) • Job Centre Plus re. guidance for supporting care leavers • Residential Providers Forum 	
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11. What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).

11.1 Meetings with officers listed in 10.3 above

11.2 Meetings / Focus groups with current and former Looked After Children and with foster carers

11.3 Desk-top research / analysis

11.4 Possible survey of members regarding their role as Corporate Parents, including training opportunities

11.5 Possible questionnaire of potential and former care leavers

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

Meetings / Focus groups with current and former Looked After Children and with foster carers (as described in section 11.2 above). This will include the Children in Care Council

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE

COMMITTEE

9TH SEPTEMBER 2013

SUBJECT:	DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT – FAMILIES & WELLBEING (DRAFT)
WARD/S AFFECTED:	ALL
REPORT OF:	CLARE FISH (STRATEGIC DIRECTOR OF FAMILIES AND WELLBEING)
RESPONSIBLE PORTFOLIO HOLDER:	CLLR CHRIS JONES (ADULT SOCIAL CARE AND PUBLIC HEALTH)
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The aim of this report (Appendix 1) is to outline the current performance of the Families and Wellbeing Directorate (as at 31st July 2013) against its Directorate Improvement Plan for 2013/14.
- 1.2 The report translates the priorities set out in the Directorate Plan into a coherent and measurable set of performance outcome measures and targets. These are used to evaluate the achievement of Directorate priorities over the next year of the plan.
- 1.3 The development of the Directorate Plan will be an iterative process during 2013/14 based on the feedback and requirements of elected members and portfolio leads. Therefore, the latest version of the report contains:
 - Key finance information
 - Year-end forecast position
 - North West benchmarking information (the level of information will increase in line with the availability of data nationally)
 - Exception report for the percentage of completed scheduled monitoring visits to residential homes

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Directorate Plan links directly to the Corporate Plan and sets Directorate objectives in national and local context. The indicators contained within the Directorate Plan form a hierarchy underneath the high level indicators specified in the Corporate Plan.
- 2.2 The Strategic Director for Families and Wellbeing (Clare Fish) has signed off the indicators contained within the performance report and agreed the following parameters (developed by DASS and CYPD) which underpin their on-going performance management:
 - 2013/14 Plan
 - 2013/14 Plan trajectory
 - 2013/14 Performance tolerance levels (determine RAG [Red, Amber, Green] status)
 - Head of Service responsible for delivery of target
- 2.3 Directorate Plan performance (includes Corporate Plan targets) will be monitored on a monthly basis against the parameters agreed as part of the business planning process (e.g. RAG tolerance levels). A number of indicators are only available on a quarterly basis, in line with the availability of data.
- 2.4 The outputs from this monitoring process will be performance managed proactively on an exception basis. The system is designed to promote a “no surprises” approach to performance management.
- 2.5 Heads of Service responsible for the delivery of targets must complete an exception report and delivery plan for all indicators which are under performing (e.g. red RAG rated indicators).
- 2.6 Monthly Directorate Plan performance reports will be produced and made available (to support corporate challenge) in line to support:
 - Monthly DMTs
 - Monthly Portfolio Lead briefings
 - Quarterly Audit, Risk, Governance and Performance meetings
 - Quarterly Policy and Performance Committees

3.0 RELEVANT RISKS

- 3.1 The performance management framework policy is aligned to the risk management strategy. The next version of the report will include risk information for performance targets which are RAG rated as red.

4.0 OTHER OPTIONS CONSIDERED

4.1 N/A

5.0 CONSULTATION

5.1 The Corporate plan was drafted based on the feedback generated by the What Really Matters public consultation. The Directorate plan underpins this plan.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 N/A

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 Financial implications of undertaking the actions to deliver the Directorate Plan will be addressed by Directorate as appropriate.

8.0 LEGAL IMPLICATIONS

8.1 Legal implications of undertaking the actions to deliver the Directorate Plan will be addressed by Directorate as appropriate.

9.0 EQUALITIES IMPLICATIONS

9.1 The Directorate Plan has a clear focus on supporting those who are disadvantaged, including the delivery of specific services and through ensuring that all of Wirral's diverse communities are equally able to access services.

9.2 Equalities implications relating to the actions set out in the Directorate Plan will be addressed by the Directorate as appropriate, and details set out in individual Directorate plans. This work is also monitored by the Corporate Equalities and Cohesion Group and the Council Excellence Overview and Scrutiny Committee.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 N/A

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 N/A

12.0 RECOMMENDATION/S

12.1 Committee are requested to use the information contained within this report to inform its future work programme.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 To ensure that the report provides elected members with the information required to evaluate the delivery of the key priorities identified by the Directorate Plan.

REPORT AUTHOR: **Tony Kinsella**
Head of Performance
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APPENDICES

Appendix 1 – Directorate Plan Performance Report (13/14)

Appendix 2 - Exception report for the percentage of completed scheduled monitoring visits to residential homes

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families and Wellbeing Policy and Performance Committee	11 th July 2013

WIRRAL COUNCIL
Families and Wellbeing Plan Performance and Finance Report as at 31st July 2013



No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
DEPARTMENT OF ADULT SOCIAL SERVICES													
Enhance the quality of life for people with care and support needs													
1	Proportion of people using social care who receive self directed support (ASCOF 1Ci)	RAP	79.0%	61.5%	80.0%	80.0%	80.7%	81.0%	G	+	Jul	C Beyga	
2	Proportion of service users in receipt of a community based service	RAP	82.1%	N/A	84.0%	82.7%	83.3%	84.0%	G	+	Jul	C Beyga	
3	Proportion of adults with a learning disability in paid employment (ASCOF 1E)	ASC-CAR	8.4%	5.6%	9.0%	7.4%	7.5%	8.0%	G	+	Jul	C Beyga	
Delay and reduce the need for care and support													
4	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (ASCOF 2Ai)	ASC-CAR & Office for National Statistics (ONS)	908.8	810.2	695	780	860.7	695	A	-	Jul	C Beyga	Quarter one placement activity is consistent with 2012-13 levels. Implementation of the new domiciliary care/re-ablement contracts in October 2013 to enhance capacity in these markets are designed to reduce placement activity and deliver the 2013/14 plan.
5	Delayed transfers of care (aged 18 years and over) attributable to Adult Social Care, per 100,000 population (ASCOF 2Cii)	SitRep	2.4	2.2	2.0	2.4	1.7	2.0	G	+	Jun	C Beyga	July data not yet available.
6	Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 100,000 population	Swift	260.9	331.0	280.0	261.0	NYA	280.0		-	-	C Beyga	At present information is only collated quarterly. Quarter 1 2013-14 not yet available, source data to be reviewed to ascertain whether monthly reporting is possible.
Ensure that people have a positive experience of care and support													
7	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	Adult Social Care Survey	66.7%	66.1%	70.0%	70.0%	Annual Indicator	70.0%		-	-	C Beyga	Survey based indicator: Annual.
8	Proportion of people who use services and carers who find it easy to find information about support (ASCOF 3D)	Adult Social Care Survey / Carers Survey	65.4%	N/A	70.0%	70.0%	Annual Indicator	70.0%		-	-	C Beyga	Survey based indicator: Annual.
9	Proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	Carers Survey	59.2%	73.6%	65.0%	65.0%	Annual Indicator	65.0%		-	-	C Beyga	Survey based indicator: Biennial. Alternative method of data collection to be sought during 2013-14.
10	Social care assessments completed within 28 days	RAP	84.1%	N/A	100%	100%	91.6%	95.0%	A	-	Jul	C Beyga	Mays action plan outlined the need to review the 40 cases reported as being outside of the 28 day target. The outcome of the findings revealed there was a mixture of data quality and performance related issues. The data quality issue has been resolved with guidance issued to staff to provide clarity on recording end dates and closing referrals correctly, hence the improvement in performance. A review of the Visual Impairment process has been recommended to identify further improvements in the process.

WIRRAL COUNCIL
Families and Wellbeing Plan Performance and Finance Report as at 31st July 2013



No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
Safeguard adults whose circumstances make them vulnerable and protecting them from harm													
11	Proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B)	Adult Social Care Survey	85.6%	77.8%	86.0%	86.0%	Annual Indicator	86.0%		-	-	C Beyga	Survey based indicator: Annual.
12	Safeguarding: % of Safeguarding Referrals actioned within 24hrs	Swift	98.2%	N/A	100%	100%	98.3%	99.0%	G	↓	Jul	J Evans	
13	Percentage of completed scheduled monitoring visits to residential homes	DASS Contracts Team	81.0%	N/A	100%	25.0%	21.1%	100%	R	↓	Jun	J Evans	To date 21 homes have been reviewed out of a total of 109. Based on a straightline forecast of reviews being completed equally over the year, a total of 27 homes should have been reviewed by the end of quarter one. Awaiting update for July figures.
Transform the business to be as efficient and effective as possible													
14	Projected net expenditure for 2013-14 as a percentage of the 2013-2014 net budget for Adult Social Services	Departmental Budget Projections	117%	N/A	100%	100%	100%	100%	G	↔	Jun	P Cook	
DEPARTMENT OF CHILDRENS SERVICES													
Children looked after													
15	Rate of Children Looked After (per 10,000 population 0 – 17)	SSDA 903 Return	100.1	76.0 (2011/12)	95.7	98.8	98.9	100.1	G	↔	July	S Garner (Acting)	
16	Percentage of LAC leaving care who are adopted		8.9	15.0 (2011/12)	11.4	10.9	19.4	8.9	G	↔	July	S Garner (Acting)	This performance is skewed as there have been a higher than expected number of adoptions during the first two months of the year. There have been 14 adoptions to July, with an annual target of 25.
17	Percentage of Adoptions within timescale		64.7	65.3 (2011/12)	76.0	76.0	92.9	76.0	G	↔	July	S Garner (Acting)	There are 14 adoptions that have taken place. Of which 13 children have been adopted within timescale.
18	Rate of Children in Need (per 10,000 population 0 – 17)	Children in Need Census	415.5	336.3 (2011/12)	396.8	419.1	411.4	396.8	G	↑	July	S Garner (Acting)	
19	Preventative Services – Qualitative Measure (Placeholder)	A qualitative outcome metric to evaluate the impact of redesigning Family Support Services (as a result of a Peer Review by the Children's Improvement Board) on the experience of families is currently being developed (during Q2). It will examine the experience of users and staff.										S Pimblett	
Strategic relationship with schools													
20	Gap in attainment at KS2 - (FMS/NonFSM)	DfE	18.0	-	-	-	-	-	G	↓	Annual	Head of Targeted Services	Exam period Summer 2013, data expected September 2013. No targets have been set for 2013/14 exams as this was no longer a statutory requirement from the DfE. However, targets for 2014 onward will be agreed during September 2013.
21	Gap in attainment at KS4 - (FMS/NonFSM)	DfE	30.0	-	-	-	-	-	G	↓	Annual	Head of Targeted Services	

WIRRAL COUNCIL
Families and Wellbeing Plan Performance and Finance Report as at 31st July 2013



No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
22	Gap in attainment Level 2 at aged 19 - (FMS/NonFSM)	DfE	21.0	-	-	-	-	-	G		Annual	Head of Targeted Services	
23	Gap in attainment Level 3 at aged 19 - (FMS/NonFSM)	DfE	34.0	-	-	-	-	-	G		Annual	Head of Targeted Services	
24	Percentage of Young People NEET	DfE	7.5	-	7.0	-	7.2	7.0	G		May	Head of Targeted Services	
25	LAC attainment at KS2 - English and maths	DfE	48.0	-	-	-	-	-	G		Annual	Head of Targeted Services	
26	LAC attainment at KS4 - Including English and maths	DfE	12.0	-	-	-	-	-	G		Annual	Head of Targeted Services	

FINANCE													
27	Revenue	General Ledger	-	N/A	£167.97m	TBD	TBD	£167.97m	G		Apr - May	V Quayle	At month two (May 2013), the full year forecast projects no over or underspend for 2013/14.
27a	Revenue: Adults		-	N/A	£82.95m	TBD	TBD	£82.95m	G				
27b	Revenue: Children and Young People		-	N/A	£85.02m	TBD	TBD	£85.02m	G				
28	Savings	General Ledger	-	N/A	£11.39m	TBD	£2.95m	£11.39m	G		Apr - May	V Quayle	The delivery of savings is under constant review and Directorates are examining ways of funding any slippage before a call on central funding is requested.
28a	Savings: Adults		-	N/A	£6.02m	TBD	£0.70m	£6.02m	G				
28b	Savings: Children and Young People		-	N/A	£5.37m	TBD	£2.25m	£5.37m	G				
29	Capital programme	General Ledger	-	N/A	£18.11m	TBD	£0.86m	£18.11m	G		Apr - May	V Quayle	The spend to date at month two (May 2013) is £0.86m, with 16.7% of the financial year having elapsed.
29a	Capital programme: Adults		-	N/A	£1.90m	TBD	£0m	£1.90m	G				
29b	Capital programme: Children and Young People		-	N/A	£16.21m	TBD	£0.86m	£16.21m	G				

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PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW		
Indicator Title	% of completed scheduled monitoring visits to residential homes	
Strategic Director Lead	Clare Fish	
Departmental Lead	Jacqui Evans	
Target	25% (100% Full Year)	
CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	21.1%	+ / - Target : 4.6%
Non-compliance reason	<p>A total of 109 care homes should receive a scheduled monitoring visit during any 12 month period. During the first quarter of 2013-14 a total of 23 homes have received a review against an expected total of 27 (Assuming that reviews are completed proportionally over 12 months)</p> <p>From May 2012 to June 2013 100% of contracted residential / nursing providers were proactively monitored (109 providers) against a quality assurance framework. A RAG criteria was then developed and each of these services judged against a set of criteria. The frequency of visits to homes will now be in accordance with their RAG rating:</p> <p>Green Homes – Annual visit Amber Homes – Quarterly visit Red Homes – Monthly visit</p>	
ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .		
What (is required)	Over the last 12 month period all homes have received a monitoring visit so there are no immediate concerns regarding this measure. Although initial performance during 2013-14 does raise doubts around the on-going capacity to deliver 100% against this measure.	
How (will it be achieved)	Active monitoring of completed scheduled monitoring visits to ensure adequate throughput to achieve this target. Having a clear schedule of dates for planned visits with a mechanism to highlight any overdue visits.	
Who (will be responsible)	Quality Assurance Team Manager	
When (will results be realised)	Monthly progress against this measure to be monitored to ensure on track. Overall target of 100% outturn will be achieved.	

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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE

COMMITTEE

9TH SEPTEMBER 2013

SUBJECT:	DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT – PUBLIC HEALTH (DRAFT)
WARD/S AFFECTED:	ALL
REPORT OF:	FIONA JOHNSTONE (DIRECTOR OF PUBLIC HEALTH, POLICY & PERFORMANCE)
RESPONSIBLE PORTFOLIO HOLDER:	CLLR CHRIS JONES (ADULT SOCIAL CARE AND PUBLIC HEALTH)
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The aim of this report (Appendix 1) is to outline the current performance of the Public Health (as at 31st July 2013) against its Directorate Plan for 2013/14.
- 1.2 The report translates the priorities set out in the Directorate Plan into a coherent and measurable set of performance outcome measures and targets. These are used to evaluate the achievement of Directorate priorities over the next year of the plan.
- 1.1 The development of the Directorate Plan will be an iterative process during 2013/14 based on the feedback and requirements of elected members and portfolio leads. Therefore, the latest version of the report contains:
- Key finance information
 - Year-end forecast position
 - North West benchmarking information (the level of information will increase in line with the availability of data nationally)
 - Exception reports for smoking quitters (4 weeks) and the proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Directorate Plan links directly to the Corporate Plan and sets Directorate objectives in national and local context. The indicators contained within the Directorate Plan form a hierarchy underneath the high level indicators specified in the Corporate Plan.
- 2.2 The Director for Public Health, Policy and Performance (Fiona Johnstone) has signed off the indicators contained within the performance report and agreed the following parameters which underpin their on-going performance management:
- 2013/14 Plan
 - 2013/14 Plan trajectory
 - 2013/14 Performance tolerance levels (determine RAG [Red, Amber, Green] status)
 - Head of Service responsible for delivery of target
- 2.3 Directorate Plan performance (includes Corporate Plan targets) will be monitored on a monthly basis against the parameters agreed as part of the business planning process (e.g. RAG tolerance levels). A number of indicators are only available on a quarterly basis, in line with the availability of data.
- 2.4 The outputs from this monitoring process will be performance managed proactively on an exception basis. The system is designed to promote a “no surprises” approach to performance management.
- 2.5 Heads of Service responsible for the delivery of targets must complete an exception report and delivery plan for all indicators which are under performing (e.g. red RAG rated indicators).
- 2.6 Monthly Directorate Plan performance reports will be produced and made available (to support corporate challenge) in line to support:
- Monthly DMTs
 - Monthly Portfolio Lead briefings
 - Quarterly Audit, Risk, Governance and Performance meetings
 - Quarterly Policy and Performance Committees

3.0 RELEVANT RISKS

- 3.1 The performance management framework policy is aligned to the risk management strategy. The next version of the report will include risk information for performance targets which are RAG rated as red.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 N/A

5.0 CONSULTATION

- 5.1 The Corporate plan was drafted based on the feedback generated by the What Really Matters public consultation. The Directorate plan underpins this plan.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 6.1 N/A

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 7.1 Financial implications of undertaking the actions to deliver the Directorate Plan will be addressed by Directorate as appropriate.

8.0 LEGAL IMPLICATIONS

- 8.1 Legal implications of undertaking the actions to deliver the Directorate Plan will be addressed by Directorate as appropriate.

9.0 EQUALITIES IMPLICATIONS

- 9.1 The Directorate Plan has a clear focus on supporting those who are disadvantaged, including the delivery of specific services and through ensuring that all of Wirral's diverse communities are equally able to access services.
- 9.2 Equalities implications relating to the actions set out in the Directorate Plan will be addressed by the Directorate as appropriate, and details set out in individual Directorate plans. This work is also monitored by the Corporate Equalities and Cohesion Group and the Council Excellence Overview and Scrutiny Committee.

10.0 CARBON REDUCTION IMPLICATIONS

- 10.1 N/A

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 11.1 N/A

12.0 RECOMMENDATION/S

- 12.1 Committee are requested to use the information contained within this report to inform its future work programme.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 To ensure that the report provides elected members with the information required to evaluate the delivery of the key priorities identified by the Directorate Plan.

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APPENDICES

Appendix 1 – Directorate Plan Performance Report (13/14)

Appendix 2 – Smoking quitters (4 weeks)

Appendix 3 - Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months.

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families and Wellbeing Policy and Performance Committee	11th July 2013

WIRRAL COUNCIL
Public Health Performance and Finance Report as at 31st July 2013



No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
PERFORMANCE													
Tackling Health Inequalities													
Domain 2: Health improvement													
1	Alcohol-related admissions to hospital (PHOF 2.18)	Secondary Uses Service	2,486.9	NYA	2,355.2	2,355.2	2,283.5	2,355.2	G	+	May 12 - Apr 13	G Rickwood	The latest 12 month rolling data shows a decrease in the rate of alcohol-related admissions to hospital. There have been issues with the provision of Secondary Uses Service (SUS - national source of hospital inpatient, outpatient & A&E data) data since the start of the financial year related to national Information Governance issues. Cheshire & Merseyside Commissioning Support Unit (CSU) are currently working to resolve these issues, and more up to date information on performance should be available shortly.
Page 149	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	2,259	NYA	3,500	608	434	2,475	A	↔	Apr - Jun	G Rickwood	Four week quitters is a Wirral Wide target, however there are a number of providers that contribute to this target. Concern over the performance of the services has been raised as they were failing to meet performance targets. Action plans were put into place with a focus on re-configuring the way the service works with intermediate stop smoking providers e.g. community pharmacists and GP surgeries. The re-design of the Wirral Community Trust Public Health service has facilitated this as each locality team is able to schedule monthly visits to intermediates to address training requirements and timely data returns. This action will continue to develop & embed over 2013/14. In comparison to 2012/2013 the number of quit dates set into local stop smoking services has decreased by almost 50% but the quality of the outcomes (i.e. 4 week quits) has been maintained.
3	Smoking status at time of delivery: rate per 100 maternities (PHOF 2.3)	Integrated Performance Measures Monitoring Return	12.0%	16.4%	11.5%	11.5%	NYA	-	-	-	-	G Rickwood	Data for Q1 2013/14 Integrated Performance Management Return (IPMR - national data source for information) will not be collected in July. Instead, the intention is to collect both Q1 and Q2 data following the end of Q2 (October) via Unify (Data collection system). Investigations to take place to see if there is any possible way to get the figures before October quarter 2 submission.
4	Under 18 conceptions: rate per 1,000 population aged 15-17(PHOF 2.4)	Office for National Statistics (ONS)	34.6 (2011 national)	32.8 (2011)	32.9	32.9	30.3	28.7	G	+	Jan - Mar 2012	J Graham	Performance is based on quarterly conceptions to women aged under 18, Q1 2012. The current trend is showing an positive decrease for the rate of under 18 conceptions per 1000 population.

WIRRAL COUNCIL
Public Health Performance and Finance Report as at 31st July 2013



No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
5	Excess weight in 4-5 year olds: reception year classified as overweight or obese (PHOF 2.6i)	NCMP	24.7% (2011/12)	23.1% (2011/12)	24.7%	0.0%	22.2%	22.2%	G	+	2012-13	J Graham	Latest provisional data available reported (2012/13) shows a positive decrease for both excess weight in 4-5 year olds and also for 10-11 year olds. The current provisional levels of excess weight are at the lowest recorded since 2006/07. This puts Wirral on track to meet central government's declared nation ambition of a sustained downward trend in the level of excess weight in children by 2020.
6	Excess weight in 10-11 year olds: year 6 classified as overweight or obese (PHOF 2.6ii)	NCMP	35.6% (2011/12)	34.7% (2011/12)	35.6%	0.0%	33.5%	33.5%	G	+	2012-13	J Graham	
7	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15i)	NDTMS	12.0%	NYA	10.0%	10.0%	8.60%	10.0%	R	+	Jan 12 - Dec 12	G Rickwood	Current performance is based on a rolling 12 month basis. The trend is showing a positive increase in those opiate drug users who successfully leave treatment and do not re-present in 6 months, and although the performance still remains red it remains relatively good compared to other N.W areas. (see exception/delivery plan).
8	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15ii)	NDTMS	49.90%	NYA	53.0%	53.0%	48.94%	53.0%	A	-	Jan 12 - Dec 12	G Rickwood	Current performance is based on a rolling 12 month basis. The trend is showing a negative decrease in those non-opiate drug users who successfully leave treatment and do not re-present in 6 months.
9	Take up of the NHS Health Check programme by those eligible - Health check offered (PHOF 2.22i)	Integrated Performance Measures Monitoring Return	25.5%	18.5%	20% (Q2-Q4)	0%	NYA	-	-	-	-	J Harvey	Wirral has been delivering the NHS Health Checks programme in Wirral for the last five years and has consistently exceeded national targets. The new Public Health Contract for NHS Health Checks was successfully implemented in GP practices across Wirral on 1st July 2013. There was no activity during Q1 of 2013/14 as the local contract was being negotiated, incorporating the new components of the check, and to enable a comprehensive programme of training for those involved with delivering the checks. To compound the issue the protracted national negotiations regarding GP data sharing has prohibited extraction of data which it is hoped will be resolved before Q2 submission.
10	Take up of the NHS Health Check programme by those eligible - Health check take up (PHOF 2.22ii)	Integrated Performance Measures Monitoring Return	57.80%	51.0%	50% (Q2-Q4)	0%	NYA	-	-	-	-	J Harvey	
Domain 3: Health protection													
11	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Health Protection Agency (HPA)	2,505 per 100,000 (2011)	2378.4 (2011)	2,505 per 100,000	2,505	2,085	2,505	A	+	Jan - Mar 2013	J Graham	Data is reported quarterly and by calendar year. The current trend is showing a positive increase in crude rate of chlamydia diagnoses per 100,000 compared to the previous quarter (Oct-Dec 2012, 1,938). The North West benchmark figure is for the North of England (data is no longer available at North West level).

WIRRAL COUNCIL
Public Health Performance and Finance Report as at 31st July 2013



No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
Domain 4: Healthcare, public health and preventing premature mortality													
Page 151	Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) (PHOF 4.4)	Office for National Statistics (ONS)	68.7 (2009-2011)	74.19 (2009-2011)	64.0	64.0	68.5	-	G	+	2010 - 2012	J Webster	<p>Prevention of cardiovascular disease is just as important as treatment. Cardiovascular disease is one of the major causes of premature mortality (deaths in under 75s) in England.</p> <p>The Longer Lives report, published by Public Health England (PHE) in June reported on the number of people who died under the age of 75 in each local authority area between 2009 and 2011. Overall, the report shows Wirral as having a higher than average rate of premature death. We were ranked 113 out of 150 local authorities for the level of premature deaths. We were ranked 14th in our peer group of 15.</p> <p>We have seen a reduction in premature death rates from heart disease and stroke and this is testament to the work that has been done both with regard to prevention – smoking cessation, identifying and managing high blood pressure in particular and treatment i.e. the prescribing of aspirin and statins to those people with established heart disease. This work needs to continue at pace so that we reduce rates even further.</p> <p>We are commissioning a health checks programme for 40-74 year olds from GPs so that people can have a check up at their GP practice every 5 years; commissioning stop smoking services for those people who want to quit and a range of policy issues e.g. smoke free public places, action to combat sales of counterfeit tobacco.</p> <p>This data is reported annually. 2012/13 performance is based on 3 year pooled data from 2010-2012 and is currently only a proxy measure until the national figures become available.</p>
FINANCE													
13	Revenue	General Ledger	-	N/A	£25.72m	£7.74m	£5.63m	£25.72m	G		Apr - Jul	V Quayle	

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PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Smoking quitters (4 weeks)
Strategic Director Lead	Policy, Performance & Public Health
Departmental Lead	Julie Webster, Head of Public Health
Target	3500

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	434 <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>+ / - Target -50%</td> </tr> </table>	+ / - Target -50%
+ / - Target -50%		
Non-compliance reason	<p>The underperformance against this target by Wirral NHS Community Trust has been attributed to two factors:</p> <ol style="list-style-type: none"> 1. An internal redesign of the service from April 2013. 2. Data collection/collation process issue. The Community Trust provides the oversight of the specialist stop smoking services. The target incorporate returns from nearly 200 intermediary agents, including 70+ pharmacies, 60+ G.P. practices, as well as various other professionals carrying out this function. This activity is recorded on paper forms by each intermediary and then either returned by them to the Community Trust for collation, or the Community Trust team have to go out and collect them. This process is currently creating a significant delay in getting all of the returns included in the performance assessment for any given period, and therefore significantly delaying the date when the final figure for quitters can be confirmed. The way the system currently works means that the final figure for the quarter could still be getting updated 3, 4, or even 5 months after the end of the quarter. <p>On a local level (and relative across the region and nationally) the increased use of E-Cigarettes has had a detrimental impact on activity. Local Stop Smoking Services have reported, anecdotally, an increased number of people using this product instead of attending Stop Smoking services. It is thought that this has had an impact on the target. This needs to be investigated further.</p>	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .

What (is required)	Increase in Quit Dates Set* (*Quit Date is the date on which a smoker
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	<p>plans to stop altogether with support from a stop smoking adviser as part of an NHS assisted quit attempt).</p> <p>An increase in 4 week quitters** (**Four-week quitter is a smoker whose quit status is smoke free at four weeks from their quit date. Follow up must occur 25 to 42 days from the quit date)</p> <p>The collection/collation process needs to be reviewed to identify any changes that would produce the final figure in a shorter set time frame.</p>
How (will it be achieved)	<p>A plan for each locality team within the Community Trust is in place. These plans will look to increase Quit Dates and 4 week quits.</p> <p>Primary care and pharmacy services do not provide real time data as the data is only returned when the outcome is reached (so whether a person is a 4 week quitter, lost to follow up or has relapsed). Data is therefore not provided until the end of the outcome. Part of the action plan for locality teams will be to review current processes and practice and ensure that data is collected from these services in a timely manner. Based on 11/12 activity the projected number of quits for primary care and pharmacy services for 4 week quits is n=137. If this projection is proved to be correct then the 4 week quits for Quarter 1 will eventually reach 552.</p> <p>This will be reported back to commissioner on a monthly basis.</p> <p>The performance of this target will also be raised in the monthly SLA meeting with the Community Trust. Continued under performance will be subject to standard contractual mechanisms.</p>
Who (will be responsible)	Rebecca Mellor, Public Health
When (will results be realised)	The reported performance will show that the milestone targets are being achieved by the end of Quarter 2.

CURRENT SITUATION: Performance Progress update 31st July 2013

Performance this Period April-June 2013 (as reported at 22nd August 2013)	Wirral C.T: 329* External Providers: 105 Wirral Total: 434 <i>* It is this figure that will rise with subsequent additional reports from intermediaries added.</i>	Red (-2% from Amber , -17% from Green Green Amber (71% of target of 608, -7% from Green tolerance)
	Please note the following: The four week outcome follow up must occur 25 to 42 days from the quit date (Russell Standard). Therefore if a person sets a quit date on the 30th June 2013 the adviser has until the 11th August 2013 to obtain an outcome. The 4 week quitter figure at the end of June 2013 (June being termed as Quarter 1 data) was AMBER rated as there were still a number of outstanding	

	<p>quitters who had not yet qualified for their outcome (i.e. a number of smokers had set a quit date at the end of June 2013 and therefore their follow up will occur in August 2013)</p> <p>The performance of this target has shown improvement over the last two months with a sliding increase towards the Quarter 1 target.</p> <p>April 2013 The Community Trust has 85% of the Wirral Wide 4 week quitters target. During April 2013 the Lifestyle Division of the Community Trust restructured its operational delivery to form an integrated service. During this month there was a redesign of the whole staff team including extensive staff training for to support moves into new roles. This had an impact on performance at that time but underachievement of the April milestone was acknowledged and extra effort put into addressing this. Some changes have already been made to the process and logistics of collecting the data from intermediates leading to a refresh of the milestones with immediate effect. This needs to be ongoing work.</p> <p>May 2013 The gap between the milestone and actual activity was reduced significantly to AMBER RAG rated. May 4 weeks quitters were -18% from being GREEN RAG rated.</p> <p>June 2013 June milestone achieved 434, Amber RAG rating. Although the anticipated return to meeting planned milestones by the end of Quarter 1 has not yet been achieved, it is still anticipated that when all the reports on 4 week quitters in this period are finally collected (see above) then the actual activity in this quarter will be green.</p>
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April: Actual performance 104. To achieve green RAG = 162 56% off target for green

May: Actual performance 273. To achieve green RAG = 323 18% off target for green

June: Actual performance 434. To achieve green RAG = 468 7% off target for green

	Apr		May		Jun	
CT Target	180		360		517	
To achieve amber or green	117	139	234	277	336	398
External Target	30		60		91	
To achieve amber or green	20	23	39	46	59	70
Wirral Target	210		420		608	
To achieve amber or green	137	162	273	323	395	468

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PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	P.I. 2.15i: Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months
Strategic Director Lead	Fiona Johnstone (Director of Public Health and Head of Policy & Performance)
Departmental Lead	Julie Webster (Head of Public Health)
Target	10%

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	8.6% (June 2013)	+ / - Target : - 0.5%
Non-compliance reason	<ul style="list-style-type: none"> Between 2006-07 and 2011/12, 1,643 treatment episodes were successfully completed, starting with 187 successful completions of treatment in 2006-07 (representing 6.6% of the in treatment population), peaking at 359 successful completions in 2010/11 (14%), before falling slightly in 2011/12 to 349 (14% maintained as a result of a falling treatment population). The suggests that over this period a significant number of people have been encouraged and supported to complete treatment, and although some will have relapsed and returned, the data shows that the majority are not. Those that have completed and left will have been, by definition, those who were most motivated and able to do so, so year on year, those that remain are those with the least recovery capital, or motivation, or confidence, those less willing and/or able to make the changes required. This would further suggest that they are going to be increasingly difficult to support through treatment to completion and recovery, requiring more input before they are able to do this, and that in this case it could be expected that this flow through the system would gradually slow down. Diagnostic data provided by the National Treatment Agency before it's absorption into Public Health England also gave a profile of the Wirral in treatment population that identified it as an exceptional cohort. It compared the Wirral profile with the average for the Drug Alcohol Action Team cluster that Wirral was grouped with. This data included the following: <ul style="list-style-type: none"> ➤ 46% of those in treatment on the Wirral had been in treatment for at least 6 years (Cluster average 23%). 	

	<ul style="list-style-type: none"> ➤ 50% of those in treatment had a drug using career of over 21 years (Cluster average 21%). ➤ 53% of those in treatment on the Wirral were in their first treatment episode (Cluster average 36%). <p>Bringing this data together demonstrates that a high percentage of those in treatment on the Wirral come into treatment 15 to 20 years ago and have never left.</p> <p>Retaining people in treatment was seen as a high priority and a positive achievement in the first national drug strategy, and this data underlines the widely held judgement that Wirral services were highly successful in delivering this priority. However, it now means that there is a large in treatment cohort that have had substitute prescribing as part of their lives for at least 10 years, and this now represents a long standing and deeply rooted life style habit, which requires considerable energy and personal resource on the part of the individual, and the service supporting them, to break. This cohort is much larger, and represents a much bigger proportion of the in treatment population, than in most other areas.</p> <p>The reported performance is also very sensitive to small differences in the numbers being included and a small number of misreported cases can have a major significance on the overall reported performance.</p>
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ACTIONS: This describes what’s necessary or how to achieve a ‘green’ score. This way everyone is clear on what is required and when, knows the expected outcome and how to achieve it .

What (is required)	<ul style="list-style-type: none"> • Services providers need to continuously seek new ways to stimulate and motivate service users to make the commitment to change. • Services need to work closely and co-operatively together and keep working at identifying ways of improving the effectiveness of this. • Peer support needs to be fully factored into the treatment and recovery system. • Data reporting needs to be consistently comprehensive and accurate.
How (will it be achieved)	<ul style="list-style-type: none"> • Regular monitoring of performance data to focus service providers on specific activity, and to ensure that the data that they are feeding into the system is as accurate as possible. • Co-ordination of system meetings to improve communication, integration and co-operation between providers as a means of improving the overall effectiveness and efficiency of the system. • Implementation of action plans designed and delivered by the providers to improve performance and deliver the targets (e.g. remedial actions plans developed by CWP in response to the initiation of a number of contract queries as part of the SLA monitoring process).

	<ul style="list-style-type: none">• Sharpened focus on the performance against this target and close monitoring of the above action plans.
Who (will be responsible)	Service Providers, with CWP the biggest contributor, then Arch Initiatives, and the performance of these 2 being backed up by a number of smaller providers.
When (will results be realised)	Performance can fluctuate (month by month) but the aim is to achieve the target by November, and then work with providers to sustain performance at or above this level.

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Policy: INFORM



Date: 9th September 2013

Families and Wellbeing

Title:	Antisocial Behaviour Crime and Policing Bill
Accountable Officer:	Clare Fish
Portfolio(s) Affected:	Neighbourhoods and Engagement
Category:	New Legislation
Synopsis:	This bill will include measures to tackle anti-social behaviour, forced marriage, dangerous dogs and illegal firearms.
Key Points:	The crime bill includes the new "community trigger", where police, councils and agencies would be forced to act if five households made a complaint about anti-social behaviour. The offence of being in charge of an out-of-control dog will be extended to cover private property, including people's houses. Forced marriage will become a criminal offence, as will a breach of a forced-marriage protection order. The police will be able to prosecute uncontested minor offences of shoplifting, and the witness-protection scheme will be extended to other vulnerable individuals. Magistrates will no longer have the power to reduce the victim surcharge by giving additional days in prison as a substitute. The police will also be reformed, with a new Police Remuneration Review Body replacing the Police Negotiating Board. This bill applies mainly to England and Wales, with some provisions extending to the rest of the UK.
Further Information:	A Local Government Information Unit briefing is available at: http://www.lgiu.org.uk/briefing/anti-social-behaviour-crime-and-policing-bill-2013/
Implications:	The Authority – through the Community Safety Partnership – will be affected by measures brought in to tackle anti-social behaviour. It is also likely that anti-social behaviour issues will be raised in the new Constituency Committees. The Council will have to ensure that mechanisms are in place to record and provide a unified response to these issues, with implications for the ASB team in Children's Services and Lifelong Learning.

Title:	More Affordable Childcare
Accountable Officer:	Clare Fish
Portfolio(s) Affected:	Children's Services
Category:	Government Announcement
Synopsis:	The Government has published plans to deliver more childcare that is both affordable and meets the needs of working parents.
Key Points:	The main barriers identified by the Government are cost, confusing regulations that hinder providers, the role of local authorities, lack of flexibility when childcare is available, and confusing information about available childcare. The report outlines the Government's solutions, including plans for a new tax-free childcare scheme and the childcare element of Universal Credit. Some aspects of the plans require amendment of primary legislation, regulations and statutory guidance.

Further Information: A Local Government Information Unit briefing is available at:
<http://www.lgiu.org.uk/briefing/more-affordable-childcare-dfe-statement-statutory-guidance-and-consultation/>

Implications: The Government believes that deregulation and reducing bureaucracy for providers will encourage more providers to enter the market, while opening up schools will potentially allow providers to access cheaper premises and to operate across more than one site. The role of local authorities will be limited to supporting providers that require help and ensuring that those families who may benefit the most from early education and care are able to access provision.

Title: Care Bill

Accountable Officer: Clare Fish

Portfolio(s) Affected: Adult Social Care
Health and Wellbeing

Category: New Legislation

Synopsis: The Care Bill introduces major changes to Social Care sector; emphasising wellbeing, prevention, carers' rights, choice and personalisation.

Key Points: This bill will introduce a cap on the cost of social care, and give carers the legal right to support from their local council. Key changes relate to the way Councils deliver Public Health and the NHS structure as well as the LA role. It will provide protection to people whose care provider goes out of business and give everyone a legal entitlement to a personal care budget, which they can receive as a direct payment to spend as they wish. In light of the issues at Stafford Hospital, the bill will introduce an Ofsted-style rating system for hospitals and care homes and give new powers of intervention to the chief inspector of hospitals. It will create two new public bodies, Health Education England and the Health Research Authority. These will provide additional training and support for health professionals.

Further Information: A Local Government Information Unit briefing is available at:
<http://www.lgiu.org.uk/briefing/the-care-bill/>

Implications: Four key implications for the Council have been identified in collaboration with DASS:

- How is the cap to be resourced? The cap is likely to drive additional demand from people who would have been self funders. Wirral Council will need to forecast cost of implementation and build into financial projections as well as monitoring additional cost.
- Increasing focus on integration and a fully joined up health and social care system is required.
- Need to respond to new eligibility framework when published, no scope to review eligibility criteria in the short term.
- Safeguarding review of thresholds and need to focus on personalisation and prevention in addition to simply keeping people safe.

Title: Ofsted Early Years Good Practice: "Getting it right first time"

Accountable Officer: Clare Fish

Portfolio(s) Affected: Children's Services

Category: Guidance

Synopsis: Ofsted's good practice report "Getting it right first time: Achieving and maintaining high-quality early years provision" identifies key features of

Key Points:	high quality early years provision, drawing on evidence from visits to providers, case studies, Ofsted reports and research findings. The report, aimed to support those early years settings not improving at a fast enough rate, identifies the key features of settings providing good or outstanding early years provision. Strong and effective leadership is considered key.
Further Information:	A Local Government Information Unit briefing is available at: http://www.lgiu.org.uk/briefing/getting-it-right-first-time-ofsted-early-years-good-practice-report/
Implications:	The report provides a useful insight into what makes an early years setting good or outstanding. Strong leadership is seen as key, with such leaders having the vision and commitment to “get it right first time”. Their focus is on the quality of the interaction between adults and children as the main factor in children’s development. Consequently, it is also clear that well qualified staff and continued staff development are also crucial in securing improvement within a setting.

Title:	Department for Education Review on Efficiencies in Schools
Accountable Officer:	Clare Fish
Portfolio(s) Affected:	Children's Services
Category:	Consultation
Synopsis:	The Department for Education published, alongside the Chancellor’s Spending Review, the Review of efficiency in the schools system. The report identifies a number of characteristics which are common to many of the more efficient schools and proposes a number of actions that schools and government can take to support greater efficiency.
Key Points:	Schools that are managed efficiently: Deploy the workforce effectively, with a focus on developing high quality teachers Make use of evidence to determine the right mix of teaching and education support staff Employ or have access to a skilled school business manager who takes on a leadership role Make good use of financial benchmarking information to inform the school’s own spending decisions Make use of school clusters, sharing expertise, experience and data, as well as accessing economies of scale when making shared purchases Manage down back office and running costs Have in place a strong governing body and leadership team that challenges the school’s spending
Further Information:	A Local Government Information Unit briefing is available at: http://www.lgiu.org.uk/briefing/dfe-review-of-efficiency-in-the-schools-system/
Implications:	The findings of this Review will of interest to Members and Officers with responsibilities for education and schooling..

Title:	SEND Pathfinder Evaluation
Accountable Officer:	Clare Fish
Portfolio(s) Affected:	Children's Services
Category:	Research
Synopsis:	The Children and Families Bill makes provision to change the way the needs of those with special educational needs and/or disabilities (SEND)

are assessed and met. This report considers how effective pathfinder authorities have been in implementing the proposals made in the act and some of the difficulties they have encountered.

Key Points:

Thirty-one local authority areas became pathfinders to develop and trial some of the ideas published in the Children and Families Bill. These include an integrated assessment process, a single 'Education, Health and Care Plan'; and personal budgets across education, social care, health, and adult services for children and young people from birth to 25 years. The evaluation is based on self-reporting of progress by all pathfinders and in-depth case study work in 10 selected areas.

The aims of the evaluation were to establish whether the pathfinders:

Increased real choice and control, and improved outcomes for families with disabled children and young people and those who have special educational needs

Made the current support system for disabled children and young people and those with SEN and their parents or carers more transparent, less adversarial and less bureaucratic

Introduced greater independence into the assessment process by using the voluntary sector

Demonstrated value for money, by looking at the cost of reform and associated benefits

Further Information:

A Local Government Information Unit briefing is available at:

<http://www.lgiu.org.uk/briefing/send-pathfinder-evaluation-process-and-implementation/>

Implications:

The findings of this Review will be of interest to members and officers working with schools, children's services, health and disability teams.

Title:	OFSTED Consultation: "Single Inspection Framework for Children in need"
Accountable Officer:	Clare Fish
Portfolio(s) Affected:	Children's Services
Category:	Consultation
Synopsis:	Ofsted is consulting (until 12 July 2013) on a single framework for the inspection of local authority child protection services and services for looked after children.
Key Points:	<p>The single framework will focus on local authority child protection services and services for looked after children., including those leaving (or who have left) care Inspection of services for children in need of help and protection, children looked after and care leavers.</p> <p>This replaces previous plans to implement separate inspections for child protection (through a multi-agency joint inspectorate framework) and services for looked after children. The new framework is to be implemented from November 2013.</p>
Further Information:	Link to the Local Government Information Unit's briefing: http://www.lgiu.org.uk/briefing/ofsted-consultation-single-inspection-framework-for-children-in-need-of-help-etc/
Implications:	The findings of this Review will of interest to Members and Officers with responsibilities for Child protection and Children in need.

Title: Consultation on Paying for Care
Accountable Officer: Graham Hodgkinson
Portfolio(s) Affected: Adult Social Care
Category: Consultation
Synopsis: The Department of Health (DH) is consulting on how to implement major reforms to adult social care.
Key Points: The consultation covers:

how to manage the large increase in demand from people who pay for their own care and support
major changes to social care practices and systems including assessment and charging.
Further Information: A Local Government Information Unit briefing is available:
<http://www.lgiu.org.uk/briefing/consultation-on-reforming-how-people-pay-for-their-care-and-support/>
Further Information: The Consultation can be found here:
<https://www.gov.uk/government/consultations/caring-for-our-future-implementing-funding-reform>
Implications: The consultation is focused on how practical details of the changes to social care should be managed. It has three types of question - views, evidence and implementation, and runs until 25th October 2013.

Further Information:

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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

9TH SEPTEMBER 2013

SUBJECT:	<i>COMMITTEE WORK PROGRAMME</i>
REPORT OF:	<i>THE CHAIR OF THE COMMITTEE</i>

1.0 EXECUTIVE SUMMARY

1.1 The Families and Wellbeing Policy & Performance Committee discussed the formulation of its work programme for the municipal year at its inaugural meeting on 9th July. The Committee agreed to delegate responsibility for developing the work programme to the Chair and Party Spokespersons. This report updates Members on the progress with this work and the activity proposed for this committee.

2.0 BACKGROUND AND KEY ISSUES

2.1 Inaugural meetings of all Policy and Performance Committees have included discussion about potential items for the scrutiny work programme. Each Committee has delegated the development of its work programme to the Committee Chairs and Party Spokespersons.

2.2 With regard to the criteria for selecting items for scrutiny, the Chair and Party Spokespersons of this Committee have agreed a number of items suitable for Task & Finish Review and some that are suitable to be presented in the form of officer reports for the Committee to examine and make appropriate recommendations.

3.0 WORK PROGRAMME OF THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

3.1 The work programme for this Committee is attached as Appendix 1.

3.2 It is proposed that a common format will be used present the work programme for all four Policy & Performance Committees. This information will be in the form of a schedule for the municipal year. The work is set out against the following headings:

- **Scheduled Reviews** – These have been prioritised and programmed across the year and include: the Looked After Children Review and the Implications of the Francis Report for Wirral.
- **Potential Reviews** – This section is included to capture items that the committee would like to review in more detail, subject to there being sufficient capacity. There are a number of items listed including domestic violence, the impact of alcohol consumption on communities and the ‘Quality Assurance Frameworks and Standards in Care Homes’.
- **Reports requested / Bespoke Committee Items** – This section is included to capture specific items that the Committee would like to discuss or receive reports on, or items referred by Cabinet.

- **Standing Items** – This includes regular agenda items, that is, performance dashboards to review key indicators in the directorate plan, financial monitoring and policy updates.

3.3 Members will note that the Looked After Children Task & Finish Group and the Co-optees Task & Finish Group have both recently completed their work and have presented reports elsewhere on this agenda. The 'Implications of the Francis Report for Wirral' Task & Finish Group is scheduled to continue its work until December 2013. As a result, there will be officer capacity to support further work. Members are, therefore, requested to consider topics on which they would wish to commence work at this stage and introduce the appropriate Task & Finish Group(s). A list of previously identified topics is shown under the 'Potential Reviews' section of Appendix 1.

4.0 RECOMMENDATIONS

4.1 Members are requested to approve the Families and Wellbeing Policy & Performance Committee work programme as set out in Appendix 1 and make any necessary amendments.

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2013-14 Families & Wellbeing Committee Work Programme

Key Activities	Lead Member / Officer	Reason for Review	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	April 2014	Outcome	
Committee Dates					Tues 9th		Mon 9th		Mon 4th	Thur 5th	Tues 28th				Tues 8th	
Scheduled Reviews																
Looked After Children Review	Cllr Wendy Clements															
Implications of the Francis Report for Wirral	Cllr Cherry Povall															
Review of Co-optees	Cllr Wendy Clements															
Potential Reviews																
Domestic Violence																
Reducing hospital admission and dependency on nursing and residential home for older people																
The detrimental effects of over consumption of alcohol on communities and how agencies can work collaboratively to reduce them																
Health Inequalities																
Quality Assurance Frameworks and Standards in Care Homes																
Reports Requested																
Adult Mental Health re-design and outcomes of the Learning Disability re-design	Cheshire & Wirral Partnership Trust															
Safeguarding Vulnerable People	Julia Hassall / Graham Hodkinson															
Standards in Independent Care Homes	Graham Hodkinson															
Fostering Annual Report	Julia Hassall															
Adoption Annual Report	Julia Hassall															
Health & Wellbeing Strategy	Fiona Johnstone															
Leisure Review	Clare Fish															
Child Poverty Strategy - update	Julia Hassall															
Public Health Annual Report	Fiona Johnstone															
Troubled Families - update	Julia Hassall															
SEN Transport: Demand Management	Julia Hassall															
All-age Disability Service	Julia Hassall / Graham Hodkinson															
Standing Items																
Performance Dashboard																
Financial Monitoring																
Policy Update																
Special Budget meeting																

Note: Committee members will also be invited to participate in consultation events relating to the re-commissioning of the Healthy Child Programme aged 5 - 19 and Drug & Alcohol Treatment Services

Key Activities	Lead Member / Officer	Reason for Review	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	April 2014	Outcome
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