



Families and Wellbeing Policy and Performance Committee

Date:	Tuesday, 28 January 2014
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 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 5 December, 2013.

3. MINUTES OF THE ATTAINMENT SUB-COMMITTEE - 4 DECEMBER 2013 (Pages 11 - 14)

4. THE IMPLICATIONS OF THE FRANCIS REPORT FOR WIRRAL

This item is to follow.

5. NOTICE OF MOTION - LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL (Pages 15 - 16)

At the meeting of the Council held on 16 December 2013 (minute 64 refers), the attached Notice of Motion proposed by Councillor C Meaden and seconded by Councillor D Roberts was referred by the Mayor to this Committee for consideration.

In accordance with Standing Order 7 (6), Councillor Meaden has been invited to attend the meeting in order for her to be given an opportunity to explain the Motion.

6. CHILD POVERTY UPDATE: SCHOOL COMMUNITY HUB PROJECT (Pages 17 - 22)

7. INTENSIVE FAMILY INTERVENTION PROGRAMME (IFIP) UPDATE (Pages 23 - 26)

8. PUBLIC HEALTH ANNUAL REPORT 2013/14

This item is to follow.

9. FAMILIES AND WELLBEING DASHBOARD (Pages 27 - 40)

10. PUBLIC HEALTH DASHBOARD (Pages 41 - 54)

11. FINANCIAL MONITORING 2013/14 MONTH 8 (NOVEMBER 2013) (Pages 55 - 68)

12. POLICY UPDATE (Pages 69 - 76)

13. WORK PROGRAMME/UPDATE FROM TASK AND FINISH GROUPS (Pages 77 - 80)

14. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

**FAMILIES AND WELLBEING POLICY AND
PERFORMANCE COMMITTEE**

Thursday, 5 December 2013

Present:

Councillor W Clements (Chair)

Councillors	M McLaughlin	B Mooney
	P Williams	S Niblock
	P Hayes	T Norbury
	S Mountney	D Roberts
	P Brightmore	J Williamson

Deputies:

Councillor L.Rowlands
(In place of M.Hornby)

Councillor J.Salter
(In place of W.Smith)

29 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST /
PARTY WHIP**

Councillor Clements declared a personal interest by virtue of her employment in an early years setting.

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 Mooney declared a personal interest by virtue of her employment with Age UK.

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

30 **MINUTES**

RESOLVED:

That the accuracy of Minutes of the meeting of the Families and Wellbeing Policy and Performance Committee held on 4 November 2013 be approved.

31 BUDGET OPTIONS - FOLLOW UP INFORMATION

Further to the Budget Options considered in November, The Committee received a verbal update from the Director of Adult Social Services and the Head of Target Support following a request by Member for further information in relation to Shared Services and Integration and Children's Centres

Mr Graham Hodkinson, Director of Adult Social Services gave a short update on arrangements being put in place, and progress being made to deliver greater integration of health and social care services.

He reported that a Strategic Commissioning Group, reporting to the Health and Wellbeing Board, had been put in place by the Local Authority and Clinical Commissioning Group to ensure that key commissioning decisions support better use of resources and more effective outcomes for the people of Wirral.

He highlighted that Vision 2018 brought together commissioners and providers across the health and social care economy under the governance of the Health and Wellbeing Board to understand the implications of the financial challenge across the system and drive change around a set of defined work-streams, highlighting funding reform proposals which were an important lever in transforming change the Integration Transformation Fund.

The Resource

- For 14/15 made up of existing £900m s.256 transfer + additional £200m
- 2 year allocations, but
- For 2015 £3.8bn to ensure closer integration - £1bn linked to outcomes/performance measured.
 - Includes Clinical Commissioning Group carers breaks
 - Clinical Commissioning Group Re-ablement funding
 - Capital including DFG's
 - Existing transfer as set out for 14/15

Performance element 50% paid at the beginning of 2015 contingent on H&WBB adopting a joint plan by April 2014

- Arrangements for intermediate care and re-ablement
Part of 2014 plan includes £2.1M re-ablement grant transferred into the joint fund to make a total joint spend of £5.44M
 - 35 IC beds
 - 35 transitional beds

- Re-ablement
- Domiciliary Care
- Efficiencies from current spend DASS 400k CCG 200k.

Operational Overview

Ms Chris Beyga, Head of Delivery gave an overview of operational developments indicating that Wirral were currently in a strong position regarding integration and strategic work lead by Graham Hodgkinson and Clare Fish had been established and was progressing well.

Operationally several integrated teams were already in place so Wirral was starting from a positive position; work was underway to build upon work undertaken in last two years and develop plans for the Integration Transformation Fund (ITF) with CCG colleagues.

Update on operational integration

The implementation of the Integrated Care Co-ordination Teams was currently being rolled out across Wirral. There was a potential impact on the number of workers, and the terms and conditions of staff across Health and Social Care organisations, but this would depend on the extent to which those organisations need to change as we bring together working practices and standards. There were regular meetings with the union and staff side representatives and full time officers through the Workforce domain of the Programme Board, and the DASS Business link in HR was a part of this domain's work.

Integrated Teams roll out - The delivery would begin where there was joint working already in evidence, building on this, working towards 8 community based integrated teams called 'Integrated Care Co-ordination Teams' (ICCT), one community gateway and one hospital gateway into the community (Integrated Discharge Team) covering all of the Wirral. Whilst DASS were starting where co-location is evident, it was acknowledged that these teams would be a mix of virtual and co-located dependent on the estates availability at the time. The phased roll out of these teams started in October 2013 as follows;

October 2013 – bases agreed, teams identified

1. Hospital Gateway - Building on the existing development of the pull project to develop a Hospital Gateway to the Community based at Arrowe Park Hospital covering the whole of the Wirral.
2. Wallasey East based at Victoria Central Hospital covering the area and GP surgeries in Liscard, New Brighton and Seacombe.

3. Wirral South East based at Eastham Clinic covering the area and GP surgeries in New Ferry, Bromborough and Eastham.

December 2013 – bases proposed, not agreed yet.

4. Community Gateway - Developing a Community Gateway as a single place for referrals from the community to be managed – base to be decided, covering the whole of the Wirral.
5. Birkenhead South based at St. Cath's Hospital covering the area and GP surgeries in Rock Ferry, Birkenhead and Tranmere and Prenton.
6. Birkenhead North based at Miriam Medical Centre covering the area and GP surgeries in Bidston and St James, Cloughton and Oxtan.
7. Wirral Central based at either the Warrens or Arrowe Park Hospital covering the area and GP surgeries in Pensby and Thingwall, Upton, Greasby, Frankby and Irby.

January – April 2014 - bases not identified yet

8. Wirral West covering the area and GP surgeries in Hoylake and Meols, West Kirby and Thurstaston.
9. Wirral South West covering the area and GP surgeries in Heswall, Clatterbridge and Bebington.
10. Wallasey West covering the area and GP surgeries in Moreton, Leasowe, Wallasey, Saughall Massie and Moreton.

Composition - Initially these teams will work to the revised protocols and utilise the newly developed referral, screening and assessment methodology. Members of the ICCT's will include Social Work staff, District and Community Nurses, and Therapists from the Council and Community Trust. A Care Co-ordinator model will be adopted so there is one professional responsible for co-ordinating the support to the individual. This multi-disciplinary group is responsible for the assessment, support and care plan for all the cases considered. These teams will have access to a broad range of professionals who can support people to remain at home, such as links to CPN's, staff working in the Admissions Prevention initiatives, GPs, Domiciliary Care Providers, Voluntary, Community and Faith providers of support, Housing, Community Safety, Day Centres, Speech and Language, Alcohol and Drugs agencies, and Psychiatric Liaison to name but a few. The size and make up of each of the eight Community teams will depend on the needs of the populace, infrastructure, estates and the resource re-alignment work to support this is being completed.

Structural change will only take place if it supports an improved customer journey, but based on integration models in other parts of the country and the potential for improvement, structural changes are likely if the increased

demands of a growing populace of adults are to be met within the shrinking resources available.

Children's Centres

Ms Deborah Gornik, Head of Targeted Services gave an overview of the Option regarding the Children's Centres, indicating that some of the Borough's primary schools had expressed an interest in the 2-4 years offer, and that a tender process and invitations of expressions of interests were currently on going.

Ms Gornik reiterated that the Children's Centres would still be utilised but used in a different way to meet the demand. She indicated that the statutory guidelines had been relaxed therefore services could be targeted for Children and Families based on their needs.

In relation to shaping the preventative services, Ms Gornik indicated that schools had shown a keen interest in working with the department on this.

In response to Members, it was reported that needs would be measured using various data for e.g. receipts of free school meals, those registered with special educational needs and those families in receipt of benefits.

In relation to the day care provision, Ms Gornik indicated that focus would be on the full day care offer, the department would be working together with private providers who were currently providing this service with the priority to secure the same service parents had historically been used to; there was also the need to sustain and strengthen the relationship between the third sector providers that currently worked within the children's centres.

RESOLVED:

That the Director of Adult Social Services and the Head of Targeted Services be thanked for their updates.

32 FOSTERING ANNUAL REPORT

The Committee considered the report of the Director of Children's Services providing an update on developments and performance in Wirral Fostering Services in accordance with the requirements of the Fostering Regulations and Guidance 2011(National Minimum Standards 25.7, Regulation 35). This was an annual report and a further three reports are submitted throughout the year to the Corporate Parenting Group to support the meeting of requirements of the standard.

In response to Members, Mr Simon Garner, Senior Manager for Children in Care and Specialist Support Services indicated that the low take up of foster carers was attributed to natural barriers and also the public's perception of the recruitment process. In relation to competition from outside foster care agencies, Mr Garner indicated that the Authority had to ensure that the reputation was good with foster carers in order to compete.

In relation to the postcode evidence detailed within the report, it was indicated that the strategy needed to ensure wider engagement with groups to further encourage those in the areas where there was evidence of a low take up.

In response to Members, it was indicated that in relation to treatment fostering, this was felt to be quite a prescribed approach and that it was very restrictive and required a lot of input from Mental Health services and others to provide 24 hour support, these carers now came under placement and stability services who jointly worked with experienced specialist carers and the CAMHS team, this had improved the service provision and enhanced support to a much wider group.

RESOLVED:

That the report be noted.

33 ADOPTION ANNUAL REPORT

The Committee considered the report of the Director of Children's Services which provided an update on developments and performance in Wirral Adoption Service in accordance with the Adoption Agencies (Miscellaneous Amendments) Regulations 2013. These had been issued to amend the Adoption Agencies Regulations 2005 by substituting a new Part 4 (Duties of Adoption Agencies in Respect of a Prospective Adopter). Part 4 made provision for the assessment of prospective adopters and was amended to introduce a new two-stage approval process. One of the aims of the amendment was to 'fast track' adoption assessments for particular children and to enable 'fostering to adopt' and 'concurrent' adoption placements for children to reduce delay.

The report also provided an update on Adoption activity and outcomes across the borough following the Government's approach to addressing delays in the adoption system which was detailed in An Action Plan for Adoption: Tackling Delay (published by the Department for Education in March 2012).

In response to Members, Mr Garner indicated that in relation to the scorecard method used for measuring performance thresholds in relation to adoption, the Department was confident of continuous improvement but it was difficult to predict the overall results of the project the scorecard was also submitted to Government on a voluntary basis to ensure the department was kept on track.

RESOLVED: That

- (1) the report be noted;**
- (2) the Director of Children's Services and her team be congratulated on their progress so far in relation to the adoption service.**

34 **LEISURE REVIEW**

The Committee considered a presentation from the Strategic Director, Families and Wellbeing giving Members an overview of the leisure services review.

Ms Fish indicated that the Cabinet on the 19 September 2013 had considered the review of leisure centres and golf courses (Minute 55 refers).

Ms Fish, outlined the need to ensure that the leisure offer was fit for purpose, whilst delivering the best value for the money possible as the Council sought to improve the health and wellbeing of the borough. The presentation detailed the transformation project; the drivers behind the need for change; the areas of scope; key findings; key challenges and opportunities; the delivery option; recommendations and the progress to date.

Mr Damien Walsh, Head of Sports and Recreation in response to Members, indicated that the Department were working very closely with the Human resources Department to address the sickness related absenteeism and support staff to return to work.

In relation to Members comments regarding the Leisure offer, Ms Fish indicated that the Department's aim was to drive up the standard and ensure the redeveloped offer met the needs of local residents utilising the limited funding available.

Members raised concerns regarding catering which was reported to be operating at a loss. Ms Fish indicated that catering needed to encompass the healthy agenda; the department was currently working with Best Bites to enhance the offer and provide catering at each of the centres to avoid further losses.

In relation to the Invigor8 membership package, Ms Fish indicated that the review on this had taken longer than anticipated. However, the department was looking at similar offers from neighbouring authorities to ensure our packages were fit for purpose.

In response to Members, it was clarified that the offer would remain free for those serving in the Armed Forces and reiterated that there were no plans to close any golf facilities.

RESOLVED: That

- (1) the update on the Leisure Services Review be noted**
- (2) the Strategic Director of Families and Wellbeing be requested to update the Committee at a future meeting.**

35 **HEALTH & WELLBEING STRATEGY AND ACTION PLAN**

The Committee considered a verbal update from Fiona Johnston, Director of Public Health and Head of Policy and Performance in relation to the Health and Wellbeing Strategy 2013/15.

Ms Johnstone indicated that following the Health & Social Care Act 2012, the Council took on a new duty to establish a Health & Wellbeing Board and produce a Health and Wellbeing Strategy. The Strategy sets out the overarching framework which described how the public, private and voluntary sectors will work with local residents to improve their health and wellbeing. The Strategy was not intended to replace existing commissioning plans rather it was aligned with them and was intended to support the commissioning of health, social care and wellbeing services.

It was a public document which could be accessed via <http://www.wirral.gov.uk/my-services/social-care-and-health/health-wirral/health-wellbeing-strategy>.

Three programme areas for shared action had been identified based on the findings of the Joint Strategic Needs Assessment, public and stakeholder consultation.

These priority programme areas were:

- Mental Health
- Older People
- Alcohol

Separate workshops were facilitated on each of the three main areas with key stakeholders who set out a programme of activities to address the priorities. All stakeholders had provided their detailed action plans regarding each of the different programme headings for each area their action plans were monitored every quarter with exception reports presented to the Health & Wellbeing Board

The Strategy was an iterative document requiring continuous updating in the light of the developing partnership agenda in the borough. The Council was currently taking stock of delivery of the strategy and ensuring it was fit for purpose via 1:1 telephone interviews and a challenge session to test out the delivery plans, identifying good practice and determining areas that needed further development.

Ms Johnstone stressed the importance of this Committee working jointly with the Health and Wellbeing Board to shape the future of the strategy.

In relation to concerns raised by Members regarding the approach in tackling health and inequalities, Ms Johnstone indicated that health and social care would have relatively little impact on the gap but would assist in improvements to health. Income and education were major factors which contributed to tackling inequalities and would need addressing in any future planning.

Members welcomed a cohesive approach and welcomed the reported improvement in health outcomes.

In relation to support for people with mental health issues, the Committee welcomed the work undertaken and supported this being identified as a priority as they felt this was an important issue which needed to be addressed.

In response to a Member, Ms Val McGee, representing Cheshire and Wirral NHS Partnership Trust indicated that the Trust currently funded a piece of work to get those with mental health issues into employment and volunteer work within their local communities. However, a lot of work was needed to change the public's perception of those with mental health issues.

Members raised concerns regarding young people with alcohol related issues, it was commented that more outreach work was needed to target young people in the community and not just those admitted to hospital. In response Ms Johnstone indicated that a lot of work was being undertaken to support young people and raise the awareness of the dangers of alcohol within schools and through the Children's Trust incorporating drug abuse. Further work was ongoing to raise further awareness. It was recognised that peer pressure, minimum pricing and access were huge factors in alcohol and drug related issues, access being a huge issue and not an easy task to resolve.

In relation to the priority programme areas chosen, Ms Johnstone indicated that these were selected following the outcomes of various consultations and discussions held; consultation with the health services as to what their concerns were would and looked at what the population look like in the future. A range of evidence was collated and the three areas were chosen due to their importance to the community.

RESOLVED: That

- (1) Ms Johnstone be thanked for her informative presentation; and**
- (2) The Chair and Spokespersons to meet with the Director of Public Health/Head of Policy and Performance to discuss how the Families and Wellbeing Committee could link into the Health and Wellbeing Board to assist with the progress of the Strategy going forward.**

36 WORK PROGRAMME

In relation to work programme items, A Member suggested that a Task and Finish Group to look at Safeguarding Children be the next review to undertaken.

RESOLVED: That

- (1) a Task and Finish Group in relation to Safeguarding Children be added to the work programme to be the next review to be undertaken; and**
- (2) Members of the previous Task and Finish Groups and Alan Veitch, Scrutiny Support officer be thanked for all their hard work.**

ATTAINMENT SUB-COMMITTEE

Wednesday, 4 December 2013

Present: Councillor W Clements (Chair)

Councillors M McLaughlin P Hayes
P Brightmore P Williams
T Norbury J Stapleton (In
place of W Smith)

Apologies Councillors W Smith

Mr A Scott Mrs H Shoebridge
Mrs N Smith

1 APPOINTMENT OF CHAIR AND VICE-CHAIR

On a motion by Councillor Moira McLaughlin it was:

Resolved – That Councillor Wendy Clements be appointed Chair of the Attainments Sub-Committee.

On a motion by Councillor Wendy Clements it was:

Resolved – That Councillor Moira McLaughlin be appointed Vice Chair of the Attainment Sub-Committee.

2 WELCOME AND APOLOGIES

Councillor Wendy Clements welcomed all present to the first meeting of the attainment, noted apologies and gave a brief introduction to the work of the Sub-Committee.

3 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Councillor Wendy Clements declared a Non Pecuniary interest by virtue of her employment in an early years setting.

4 TERMS OF REFERENCE

Members considered the objectives of the Attainment Sub-Committee which was to support the Council and its partners in

- raising the aspirations of young people, and in particular to raise overall attainment, especially of vulnerable groups;
- improving the outcomes for children and young people in terms of their education, training and their social and economic wellbeing;
- ensuring access to all for early years childcare and education, primary and secondary education and lifelong learning;
- ensuring that children and young people's views and voices are evidenced in and integral to all of the above objectives.

Members also considered the draft terms of reference that the Attainment Sub-Committee would provide oversight, support and challenge to the activities of Wirral Council and its partners in relation to the following areas:

- Demonstrating the attainment of all young people aged 0 -19 (or 25 for those with a learning difficulty / disability);
- Driving forward the attainment of young people in vulnerable groups in order to 'narrow the gap';
- Examining the performance of all schools and colleges in the borough;
- Ensuring there is a prioritised response to schools undergoing Ofsted inspections and those in special categories;
- Improving participation levels of 16 -18 year olds in Education, Employment and Training
- Enhancing lifelong learning provision
- Monitoring Local Authority performance against its statutory duties

Members then considered the proposed working practices of the Attainment Sub-Committee and it was;

Resolved – That the objectives, draft terms of reference and proposed working practices of the Attainment Sub-Committee as outlined in the report be agreed.

5 EDUCATIONAL ATTAINMENT AT KEY STAGE

Sue Talbot, Strategic Service Manager, presented the Attainment Sub-Committee with a stock take of results from Early Years to Post 16 and responded to members questions. Members were informed of each of the Key Stages including information relating to gender, pupils in receipt of free school meals, pupils with special educational needs, looked after children and crucially the key areas for development.

Councillors Moira McLaughlin and Tony Norbury left the meeting.

Resolved – That the report be noted.

6 OFSTED ASSESSMENT OF SCHOOLS IN WIRRAL

Sue Talbot, Strategic Service Manager, gave a presentation to the Attainment Sub-Committee with the outcomes of Ofsted Inspections since September 2012 and responded to Members questions. Members were informed of changes to the Inspection process and received a pack of published results relating to Wasp, St Joseph's Catholic Primary School, Wallasey, Pensby High School for Boys, Bebington High Sports College, University Academy of Birkenhead, Grove Street Primary and Nursery School, Woodslee Primary School, Woodchurch CofE Primary School, Stanton Road Primary School, Pensby High School for Girls, Greenleas Primary School, Kingsway Primary School and St Anselm's College.

Resolved – That the report be noted.

7 PUPIL PREMIUM - HOW IS IT SPENT BY SCHOOLS IN WIRRAL?

Sue Talbot, Strategic Service Manager, presented a report relating to Pupil Premium in Secondary Schools and responded to Members questions. It was reported that Pupil Premium had been introduced by the government in April 2011 following work by John Dunford, the retired leader of the Association of School and College Leaders (ASCL), who had urged governments to provide schools with extra money to educate disadvantaged pupils. John Dunford was now the Pupil Premium Champion (July 2013) tasked with talking to schools about the most effective ways of using the extra money and feedback issues raised by school leaders to ministers and civil servants. It was reported that from September 2013 schools would be held to account by Ofsted for the attainment of disadvantaged pupils and the progress they made with particular emphasis on closing the achievement gap with other pupils. Schools judged by Ofsted as 'requiring improvement' where the concerns were raised about the attainment and progress of disadvantaged pupils would take part in a Pupil Premium review. These schools would be supported by an experienced Headteacher from another school, with the aim of developing a strategy for using pupil premium more effectively. The report contained the methodology of information gathering, the key findings and included the following recommendations:

- The progress of free school meal pupils continues to be monitored regularly, schools are actively encouraged to learn from best practice, and schools will be held accountable for outcomes for children in receipt of free school meals, with a particular focus on schools in Band 3 and Band 4.
- An HMI Ofsted signature event regarding the use of Pupil Premium to improve children's outcomes to be organised by EQ (Education Quality).

- The Ofsted Pupil Premium Analysis Tool (Reference 130045) to be distributed to schools for their use.
- An Annual report to be prepared for the Attainment Sub-Committee
- An Annual report to be shared with schools at Schools Forum after consideration by the Head Teacher consultation groups (Primary Head Consultation Group and Wirral Association of Secondary Head teachers)

'The Pupil Premium – How schools are spending the funding successfully to maximise achievement' and 'The Pupil Premium Analysis and challenge tools for schools' were attached to the report as appendices.

Resolved – That the report be noted.

8 **WORK PROGRAMME FOR FUTURE MEETINGS**

The Attainment Sub-Committee considered a report on the potential items for the Sub- Committee work programme and discussed further work items for consideration, including Pupil Premium, closing the gap in attainment for Looked After Children and RADY – Raising the Attainment for Disadvantaged Young people.

Resolved – That the report be noted and the suggested items be included in future meetings of the Attainment Sub-Committee.

9 **DATE OF NEXT MEETING**

Resolved – That the next meeting of the Attainment Sub-Committee be held in March 2014 on a date to be confirmed.

1. LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL

Proposed by Councillor Chris Meaden
Seconded by Councillor Denise Roberts

(1) Wirral Council commits itself to signing up to the local government declaration on Tobacco Control.

This declaration commits the council to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smoke-free Action Coalition, the alliance of organisations working to reducing the harm caused by tobacco.

(2) Council notes that this has the support of, among others, the Public Health Minister, Chief Medical Officer and Public Health England and that such declarations have already been signed by Salford City Council, Warwickshire County Council and Bath & North East Somerset Council.

(3) Such a declaration is aimed at reducing the single biggest cause of preventable deaths in the UK – with over 80,000 dying each year - more than obesity, alcohol, road accidents and illegal drug use put together.

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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

28TH JANUARY 2014

SUBJECT:	CHILD POVERTY UPDATE: SCHOOL COMMUNITY HUB PROJECT
WARD/S AFFECTED:	ALL
REPORT OF:	DIRECTOR OF CHILDREN'S SERVICES

1. EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to outline the progress that has been made in respect of establishing a primary school community hub, further to recommendations made to the Council's Cabinet in June 2013 by Wirral's Child and Family Poverty Working Group.
- 1.2 The proposed approach to establishing the school community hub, as set out in the report to Cabinet, is based on enhancing the vital role of schools and creating a platform for them to act as a catalyst for transforming local communities.
- 1.3 The Child and Family Poverty Working Group was established in May 2011 to explore the evidence and research and make recommendations as how the Council and partners should address its statutory duty in relation to child poverty.
- 1.4 The £100,000 funding available for the project was allocated to Wirral's Child and Family Poverty Working Group to identify priorities and put in place activities to address issues of child poverty. It should also be noted that, in respect of funding for child poverty initiatives, a commitment is also in place to support the Birkenhead Foundation Years project. An update on this project will be brought to the Policy and Performance Committee in due course.

2. BACKGROUND AND KEY ISSUES

- 2.1 In their recommendations to Cabinet, the Working Group suggested that the project should take as its starting point an asset-based approach and suggested that testing this approach in a localised way through a 'school community hub' would be the most effective use of the resources available. It is intended that activities delivered through the 'school community hub' will be informed by the needs identified by families and the wider community, and that lessons learnt from the approach should be rolled out borough-wide.
- 2.2 The rationale for using a primary school as a hub is they tend to have a focused geography, are naturally accepted as community leaders, have a resource of buildings, land and people and access to enrolled children, younger and older siblings and most importantly to parents. There is also evidence that primary school pupils are much more likely to be affected by an area's economics and employment deprivation than their counterparts in secondary schools.

- 2.3 The Working Group proposed that a school should be selected through a transparent commissioning process and that this school should then:
- Identify / recruit community organisers to work using the school as a base;
 - Work with the school community to develop an asset map for the local area, and an action plan which sets out what the community can do for itself, what it needs support to do, and what it wants partners to deliver;
 - Support the community organisers to deliver this action plan, with clear project management arrangements.
- 2.4 The following commissioning process was developed and implemented by with support and guidance from the Council's Procurement Team:
- Primary schools where the majority of pupils on roll are affected by child poverty and deprivation were invited to express an interest in delivering the community hub project by September 2013;
 - An information session took place in September to provide headteachers with the opportunity to ask any questions about the project;
 - Four schools expressed an interest within the deadline using the template provided;
 - Visits to these schools took place on the 6th November by members of the Working Group, with formal interviews being undertaken on the 19th November. These were undertaken by a panel which was chaired by the Director of Children's Services.
- 2.5 On the basis of the visits to the four schools and the scored interviews, two of the four schools received joint highest scores and were selected to pilot the community hub approach. Each of the following schools has been allocated £50,000:
- Holy Spirit Catholic and Church of England Primary School Primary School (Leasowe and Moreton East Ward, Wallasey Constituency);
 - Fender Primary School (Upton Ward, Wirral West Constituency).
- 2.6 Dedicated project planning and project management support has been identified by Public Health to support the establishment of the school community hubs, particularly with regard to ensuring that robust monitoring is in place with regard to budget expenditure. In addition, this support will:
- Identify best practice from other areas to feed into the development of the hubs;
 - Focus the hubs so they are able to demonstrate how their projects will have an impact on the community;
 - Ensure the hubs have an early evaluation plan including tailored outcomes for that specific project such as case studies, distance travelled etc.
 - Ensure community champions have the skills that are key to delivering a successful community led programme;

- Ensure the projects are meeting whole community needs and not just the needs of parents who attend the school.

2.7 The Child and Family Working Group will act as a stakeholder group for the school community hub project and will consider progress as part of its quarterly meetings (see Appendix 1 attached). Again with dedicated support from Public Health, the Working Group will:

- Develop a local child poverty performance management framework which reflects the Liverpool City Region Strategy on Poverty and Life Changes and benchmark performance with other areas;
- Produce a quarterly update for the Children's Trust Board which can be widely circulated;
- Support the development of local projects.

3.0 RELEVANT RISKS

3.1 A risk register will be developed and monitored in line with the project management arrangements which will be put in place. This will reflect the need to allow for innovation in the project given the focus on the community identifying its own needs.

4.0 OTHER OPTIONS CONSIDERED

4.1 A range of options and sources of evidence were considered by the Working Group in developing the School Community Hub approach. The key questions for the Working Group in considering options were:

- Given that the Council and its partners have continuously sought to address Wirral's deep-rooted and complex issues of poverty and deprivation through a range of services and interventions with varying levels of success, how can we be more innovative and creative in finding solutions?
- How do we best invest limited resources?
- How do we promote and enhance resilience in local communities?
- How do we best co-ordinate multi-agency resources?
- How do we measure the outcome and value of any interventions?

5.0 CONSULTATION

5.1 The Working Group is the key stakeholder group for child poverty in Wirral and has been continuously consulted in accordance with this role.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 The project will require the school selected to develop relationships with the voluntary and community sector to deliver a local action plan.

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

7.1 £100,000 is available for the School Community Hub project, and expenditure will be closely monitored. Staffing implications for the Council will be in respect of the project monitoring support outlined in 2.6 above.

8.0 LEGAL IMPLICATIONS

8.1 Clear governance arrangements are in place for the Working Group to report to the Children's Trust and these will provide the framework for monitoring the proposed project.

9.0 EQUALITIES IMPLICATIONS

9.1 A Phase 1 equality impact assessment was published alongside the Cabinet report of the 13th June 2014.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 There will be no direct carbon reduction implications.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 There will be no direct planning and community safety implications.

12.0 RECOMMENDATION/S

12.1 That members of the Families and Wellbeing Policy and Performance Committee note the progress made in respect of establishing the School Community Hub project.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 To update the Policy and Performance Committee on activities relating to child poverty in accordance with its work programme.

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APPENDICES

Appendix 1: Child and Family Poverty Working Group Work Programme

REFERENCE MATERIAL

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet – Child Poverty Project Proposal	13th June 2013



WIRRAL CHILD AND FAMILY POVERTY WORKING GROUP

As partners in the future of Wirral, we want to reduce the numbers of children and young people living in poverty and support them to build the foundations for prosperous, healthy and happy lives. We also want to raise the aspirations of all of our children and young people and their families so that their dreams for themselves and their communities can be achieved.

As a Working Group, we will:

- Challenge ourselves and others to take practical action to achieve our common goals of reducing poverty and harnessing the talent and ambitions of Wirral's children, families and communities;
- Act as a key stakeholder group for the School Community Hub initiative put in place by the Council to find new and innovative ways of working with families building on the assets found in local areas;
- Proactively promote the use of research and best practice in addressing poverty.

We will focus our energies on ensuring that Wirral plays its part in delivering the aims and actions identified in the Liverpool City Region Child Poverty and Life Chances Strategy. The current priorities for this strategy are:

- Improve school readiness
- Support families to be prepared for Universal Credit;
- Tackle children and young people with unhealthy weight;
- Close attainment differences in schools;
- Improve transport access;
- Increase employment and skills within low income families.

Our programme of work is set out overleaf. This will be reviewed at the end of Working Group meetings to take into account any changing priorities from the LCR Commission and local issues. The Working Group will report quarterly to Wirral's Children's Trust on its work programme.

Meeting	Agenda	Additional Contribution
December 2013	<ul style="list-style-type: none"> ▪ School Community Hub Update ▪ LCR priority: Supporting families to be prepared for Universal Credit ▪ Research and Best Practice: Leadership Academy presentation on tackling poverty 	<ul style="list-style-type: none"> ▪ Steve Lloyd, DWP National Partnerships Team presentation on Universal Credit ▪ Malcolm Flannagan, Wirral Council presentation on Welfare Reform
March 2014	<ul style="list-style-type: none"> ▪ School Community Hub Update ▪ LCR priority: Tackling children and young people with unhealthy weight ▪ Local issue: Fuel poverty ▪ Research and Best Practice 	<ul style="list-style-type: none"> ▪ Public Health Team on Food Plans ▪ Fuel Poverty Team on Fuel Poverty projects
June 2014	<ul style="list-style-type: none"> ▪ School Community Hub Update ▪ LCR priority: Improving school readiness ▪ Research and Best Practice 	<ul style="list-style-type: none"> ▪ Zoë Munby, Foundation Years Trust project ▪ Early Years - Targeted Services
September 2014	<ul style="list-style-type: none"> ▪ School Community Hub Update ▪ LCR priority: Closing income differences in attainment in schools ▪ Research and Best Practice 	<ul style="list-style-type: none"> ▪ Cllr Tony Smith & (LCR Commission lead) and Dave Hollomby, School Improvement
December 2014	<ul style="list-style-type: none"> ▪ School Community Hub Update ▪ LCR Priority: Increasing employment and skills within low income families ▪ Research and Best Practice 	<ul style="list-style-type: none"> ▪ DWP / Economic Policy Team / Reach Out
March 2015	<ul style="list-style-type: none"> ▪ School Community Hub Update ▪ LCR Priority: Improving Transport Access ▪ Research and Best Practice 	<ul style="list-style-type: none"> ▪ Merseytravel / Wirral Transport Team

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE

COMMITTEE

28 JANUARY 2014

SUBJECT:	INTENSIVE FAMILY INTERVENTION PROGRAMME (IFIP)
WARD/S AFFECTED:	ALL
REPORT OF:	DIRECTOR OF CHILDREN'S SERVICES
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

1.1 This report outlines the progress achieved in delivering the Intensive Family Intervention Programme; this is a targeted, multi-agency service for families with multiple and complex needs, as an integrated element of the Council's Family Support Service.

2.0 BACKGROUND AND KEY ISSUES

2.1 The Intensive Family Intervention Programme (IFIP) is Wirral's local response to the national Troubled Families agenda. Nationally all 152 upper-tier local authority areas have signed up to the Troubled Families initiative with £450 million being invested to turn around the lives of 120,000 families. According to the Department of Communities and Local Government (DCLG) these families cost the public purse approximately £75,000 each per year.

2.2 The criteria for being identified as a troubled family are as follows:

- (i) A child within the family whose attendance at school is less than 85%
- (ii) A member of the family is involved in criminal or anti-social behaviour
- (iii) A member of the family is in receipt of out-of-work benefits

In addition to the above we are able to apply a fourth local filter which can be changed throughout the duration of the project.

2.3 In Wirral we are expected to work with 900 families by 31st March 2015 to improve school attendance, reduce criminal/anti-social behaviour and raise aspirations regarding employment and training.

2.4 Delivery of the programme commenced in November 2011. Progress as of 31st December 2012 is as follows:

- 678 families identified as meeting the criteria for IFIP
- 495 families worked/working with
- 204 positive outcomes claimed against the Payment by Results framework

These results make Wirral one of the best performing authorities in the North West region.

- 2.5 Intensive Family Support has been commissioned in Wirral since 2006. Implementation of the Troubled Families programme has allowed us to learn from this previous experience and national research on Intensive Family Support in order to design a delivery model which is both evidence-based and sustainable. Following on from the original IFIP pilot in Seacombe and the Peer Challenge of all targeted family in Children's Services, the service has been completely reconfigured, resources have been realigned and staff members have received support in developing core competencies. This has provided Children's Services with a unique opportunity to develop the wider Family Support Service, and is informing how we develop families and wellbeing interventions more broadly, using the key principles of this approach to promote greater resilience in families and communities.
- 2.6 Currently the programme is delivered in 3 tiers. Families requiring 'intensive' support are allocated to a dedicated IFIP Key Worker. These staff work with only 6-7 families at any given time. Families with less intensive needs are matched to a Key Worker within the Family Support Service who will have a caseload of 10-15 families. The final tier, which is in its initial stages of development, involves practitioners from partner agencies delivering to 2-3 families which are already on their caseload. All staff delivering the model receive accredited training and regular, reflective supervision.
- 2.7 Partnership working continues to be a strong feature of the IFIP programme. Secondees from Merseyside Police, Connexions Service, Health, Job Centre+ and Merseyside Fire and Rescue Service are integral to identifying families, sharing information and providing a comprehensive service. Joint initiatives, such as 'Safety Planning', Family Group Meetings and Employability Coaching are delivered in partnership by secondees and IFIP Key Workers.
- 2.8 In addition to the positive working relations with partner agencies, IFIP has established links across Council departments. Linking with the 14-19 Team, Adult Learning, ReachOut and the ESF Working Families programme, existing resources are being utilised to maximise outcomes and achieve positive results for Wirral families. Establishing links with Constituency Managers through locality working is a priority for 2014 and plans to develop an Asset Based Community Development model into the IFIP programme are being initiated.
- 2.9 The programme continues to be intelligence-led, and the Information Desk set up for IFIP has merged with the Gateway for Targeted and Preventative Services. The Gateway, which provides access to services at Levels 2 and 3 of the Continuum of Need, dovetails with the Central Advice and Duty Team, working to ensure that all children and families receive the right level of service at the right time. This development has enabled quicker identification of families eligible for IFIP and promotes more effective information sharing and easier engagement of families.
- 2.10 Louise Casey, Director General for Troubled Families, returned to Wirral on 18th September 2013 with her Head of Policy, Rachel Flag. The purpose of the visit was to offer IFIP Key Workers the opportunity to contribute to a new DCLG publication, 'Listening to Workers' which will examine the importance of the relationship between the Key Worker and the family. Six Key Workers were interviewed, giving their views on what helps to turn families around. Louise Casey also requested to meet with one of the parents she had interviewed in November 2012, to get an update on the positive progress she has made.

3.0 RELEVANT RISKS

3.1 The Troubled Families initiative is a payment by results scheme in which part of the income available for each family worked with is dependent on achieving the desired outcomes. The outcomes of the programme and the budget will be monitored on a bi-monthly basis by the IFIP Programme Board.

4.0 OTHER OPTIONS CONSIDERED

4.1 There are no proposals for consideration in this report; therefore there are no other options to consider.

5.0 CONSULTATION

5.1 Throughout the delivery of the programme consultation has taken place through a Stakeholder Group. Membership of the Stakeholder Group consists of appropriate representation from multi-agency partners working with both children and adults. This group is further enhanced by having 2 lay persons, both of whom have been previous recipients of Family Intervention.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 This programme is a multi-agency service for which voluntary, community and faith groups have had continual involvement with. In addition to consultation and development activities, the Family Role Model service and Intensive Family Support services will be commissioned as integral parts of IFIP. Bids for these services have been received from VCF groups and are being considered through the CYPD commissioning process.

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

7.1 Delivery of the IFIP programme has the potential to bring in £3.3m income to the council. A guaranteed £2.1m will be paid to the council through attachment fees and staffing grant, the additional £1.2m is dependant on the Payment by Results scheme.

7.2 The recruitment process for IFIP Key Workers will allow opportunities for staff currently 'at risk' to apply for fixed-term posts until March 31st 2015.

7.3 Two posts have been created to support the delivery of the project. Recruitment for an Information Analyst (1.0 fte) and an Administrator (0.5 fte). Both are fixed-term posts until March 31st 2015.

7.4 Ten Key Worker and two Supervisor posts have been established within the existing Family Support Service resource to support delivery of the programme. These posts are funded through the DCLG Troubled Families Grant.

8.0 LEGAL IMPLICATIONS

8.1 There are no legal implications in relation to this report.

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>

10.0 CARBON REDUCTION IMPLICATIONS

10.1 There are no carbon reduction implications related to this report.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 Criminal and anti-social behaviour are both considered in the identification criteria for Troubled Families. One of the main aims of the programme is to make significant reductions in both. Links and communication channels are well established with relevant partners and the programme will take referrals directly from the ASB Governance Group and Wirral's Harm Reduction Team. Established within Targeted Preventative Services, IFIP works in partnership with the Anti-Social Behaviour Team and Youth Offending Service.

12.0 RECOMMENDATION/S

12.1 That elected members consider the information in the report and endorse that this initiative continues to be developed and delivered to promote effective partnership arrangements and works to improve outcomes for families with multiple and complex issues.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 To provide the Committee with information relating a new multi-agency approach to working with children and families.

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APPENDICES

N/A

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Children and Young People's Overview and Scrutiny Committee	21 Jan 2013

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE

COMMITTEE

28 JANUARY 2014

SUBJECT:	DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT (AS AT 30TH NOVEMBER 2013)
WARD/S AFFECTED:	ALL
REPORT OF:	STRATEGIC DIRECTOR OF FAMILIES & WELLBEING AND HEAD OF POLICY & PERFORMANCE
RESPONSIBLE PORTFOLIO HOLDER:	CLLR CHRIS JONES (ADULT SOCIAL CARE AND PUBLI HEALTH)
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

1.1 The aim of this report (Appendix 1) is to update Members of the Committee of the current performance of the Directorate (as at 30th November 2013) against the delivery of the Directorate Plan for 2013/14. The report translates the priorities set out in the Directorate Plan into a coherent and measurable set of performance outcome measures and targets.

1.2 This report also provides a mechanism for overview and scrutiny of Directorate Plan performance. Members are requested to consider the details of the report and highlight any issues arising from this report.

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
- 2013/14 Performance tolerance levels (determine RAG [Red, Amber, Green] status)
- Head of Service responsible for delivery of target

- 2.2 Directorate Plan performance is monitored on a monthly basis against the parameters agreed as part of the business planning process (e.g. RAG tolerance levels). Some indicators are only available on a quarterly basis, in line with the availability of data. 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).
- 2.3 Monthly Directorate Plan Performance Reports are produced and made available to support corporate challenge via:
- Monthly DMTs
 - Monthly Portfolio Lead briefings
 - Quarterly Audit, Risk, Governance and Performance meetings
 - Quarterly Policy and Performance Committees

3.0 SUMMARY

- 3.1 The Directorate Plan Performance Report (Appendix 1) sets out performance against 35 measures. Of these there are 10 measures where the outcome metric is under design or due to report at the end of the year. A commentary is provided against these.
- 3.2 Of the 25 measures that are RAG rated, 22 are rated green, 1 are rated amber and 1 is rated as red. The 1 measure rated red has an action plans (included as Appendix 2) which refer to:
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

4.0 RELEVANT RISKS

- 4.1 The performance management framework policy is aligned to the Council's risk management strategy.

5.0 OTHER OPTIONS CONSIDERED

- 5.1 N/A

6.0 CONSULTATION

- 6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 7.1 N/A

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

- 8.1 Financial implications of undertaking the actions to deliver the Corporate Plan will be addressed by Directorates as appropriate.

9.0 LEGAL IMPLICATIONS

- 9.1 N/A

10.0 EQUALITIES IMPLICATIONS

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

(c) No because of another reason which is

The report is for information to Members and there are no direct equalities implications at this stage.

11.0 CARBON REDUCTION IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATION/S

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

14.0 REASON/S FOR RECOMMENDATION/S

14.1 To ensure that the report provides elected members with the information required to evaluate the delivery of the Directorates Plan.

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APPENDICES

Appendix 1 – Directorate Plan Performance Report (2013/14)

Appendix 2 – Exception reports/Action Plans for Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families & Wellbeing Policy & Performance Committee	3 September 2013

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WIRRAL COUNCIL

Families and Wellbeing Plan Performance and Finance Report as at 31st December 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%	83.2%	83.5%	G		Dec	C Beyga	
2	Proportion of service users in receipt of a community based service	RAP	82.1%	N/A	84.0%	83.7%	83.0%	84.0%	G		Dec	C Beyga	
3	Proportion of adults with a learning disability in paid employment (ASCOF 1E)	ASC-CAR	8.4%	5.6%	8.0%	7.7%	7.3%	7.0%	A		Dec	C Beyga	Performance against this indicator is likely to deteriorate monthly due to there being a static population of individuals in employment. The denominator (L1) will increase monthly as new people with a Learning Disability receive an assessment in year (e.g. during December L1 increased by 6 people - 3 Transitional Cases, 2 requests for assessments and 1 due to a process delay). Prospectively this target will be addressed corporately through the Councils approach to commissioning for improved outcomes and social value.
Delays 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	695.0	718.0	880.0	815.8	R		Nov	C Beyga	A total of 22 placements have been recorded on Swift in December with start dates of November or earlier. Total placements for Quarter 1 equated to 162 (54 per month) with a reduction for Quarter 2 to 124 (41 per month). To have achieved the 2013-14 target the number of placements per month needed to be 37 per month. This was exceeded in Q1 by 46% and in Q2 by 12%.
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	270.0	1.2	1.3	G		Nov	C Beyga	During November there was 1 delay attributable to social care and 2 delays attributable to both health and social care.
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	270.0	332.0	332.0	G		Aug	C Beyga	Data only currently available up until the end of August due to the delays in checking Re-Ablement invoices received from providers.

WIRRAL COUNCIL
Families and Wellbeing Plan Performance and Finance Report as at 31st December 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
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%	-	- 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%	-	- 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%	-	- 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%	90.6%	95.0%	A		Dec	C Beyga	Of the 165 assessments recorded as being outside of the 28 day target approx. 75% relate to OT/VI assessments. A review is currently underway of the recording of these assessments which may lead to enhanced performance against this indicator.
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%	98.2%	98.3%	G		Dec	J Evans	A total of 38 alerts have been actioned outside of the 24hr target. Performance during December was 9% with only 2 alerts out of 174 falling outside of target.
13	Percentage of completed scheduled monitoring visits to residential homes	DASS Contracts Team	81.0%	N/A	100%	66.6%	N/A	100%		-	-	J Evans	Contracts & quality assurance team to review data to provide details of all homes who have received a visit to date during 2013-14.
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		Nov	P Cook	

WIRRAL COUNCIL

Families and Wellbeing Plan Performance and Finance Report as at 31st December 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 CHILDRENS SERVICES													
Children looked after													
15	Rate of Children Looked After (per 10,000 population 0 – 17)		100.1	79.0	95.7	96.6	101.6	98.5	G		Dec	E Taylor	This performance remains stable with no significant increase during the year. Key performance areas are being targeted to begin to reduce the LAC population. Current focus is on
16	Percentage of LAC leaving care who are adopted	SSDA 303 Return	8.9	16.0	11.4	10.9	16.8	11.4	G		Dec	E Taylor	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 24 adoptions to September, with an annual target of 25.
17	Percentage of Adoptions within timescale		64.7	65.3 (2011/12)	76.0	76.0	91.7	76.0	G		Now	E Taylor	There are 24 adoptions that have taken place. Of which 21 children have been adopted within timescale.
18	Rate of Children in Need (per 10,000 population 0 - 17)	Children in Need Census	415.5	343.1	396.8	410.4	429.4	410.0	G		Nov	E Taylor	Frontline teams have a plan to review all CIN cases. Working alongside colleagues within Targeted Services, cases will be identified which can either be closed or stepped down to TAF
19	Preventative Services – Qualitative Measure (Placeholder)	A qualitative outcome metric to evaluate the impact of the new designed Targeted Services on the experience of families has been developed. It will quantify the improvements reported by the families involved in a multiagency CAF process from the first assessment and the last meeting.							G		Nov	D Gornik	A measure has been identified linked to the multiagency distance travelled tool. A data
Strategic relationship with schools													
20	Gap in attainment at KS2 - (FMS/NonFMS)	DfE	18.0	Changes to DfE reporting mean that the 2012 and 2013 data are not comparable. For 2012 the measure included English and maths, from 2013 it includes reading, writing and maths.	20.9		20.9	-			2013	D Gornik	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. DfE changes to KS2 measure mean that the 2013 results are not comparable to previous years.
21	Gap in attainment at KS4 - (FMS/NonFMS)	DfE	30.0	-	-	-	34.8	-			2013	D Gornik	
22	Gap in attainment Level 2 at aged 19 - (FMS/NonFMS)	DfE	21.0	-	-	-	-	-			Annual	D Gornik	
23	Gap in attainment Level 3 at aged 19 - (FMS/NonFMS)	DfE	34.0	-	-	-	-	-			Annual	D Gornik	
24	Percentage of Young People NEET	DfE	7.5	7.1 (2011)	7.0	7.0	5.6	7.0	G		Dec (Provisional)	D Gornik	
25	LAC attainment at KS2 - English and maths	DfE	48.0	Changes to DfE reporting mean that the 2012 and 2013 data are not comparable. For 2012 the measure included English and maths, from 2013 it includes reading, writing and maths.	42.9		42.9	-			2013	D Gornik	

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

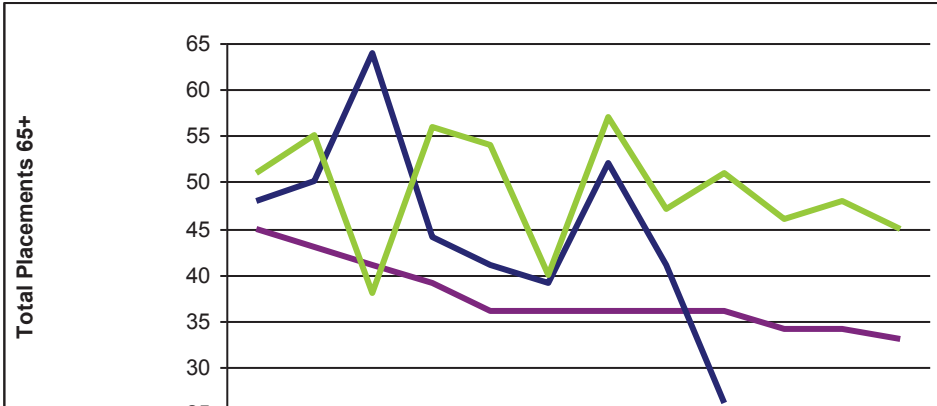


No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
26	LAC attainment at KS4 - Including English and maths	DfE	12.0	-	-	-	11.8	-	G		2013	D Gornik	
FINANCE													
27	Revenue		-	N/A	£167.62m	TBD	TBD	£167.62m	G				No change from previous month.
27a	Revenue: Adults	General Ledger	-	N/A	£82.73m	TBD	TBD	£82.73m	G		Apr-Oct	V Quayle	
27b	Revenue: Children and Young People		-	N/A	£84.89m	TBD	TBD	£84.89m	G				
28	Savings		-	N/A	£11.39m	TBD	£6.89m	£11.39m	G				One saving remains Red - Review of Residential Care for Learning Disabilities.
28a	Savings: Adults	General Ledger	-	N/A	£6.27m	TBD	£2.53m	£6.27m	G		Apr-Oct	V Quayle	
28b	Savings: Children and Young People		-	N/A	£5.12m	TBD	£4.36m	£5.12m	G				
29	Capital programme		-	N/A	£13.42m	TBD	£5.03m	£13.42m	G				The spend to date at month 7 (Oct 2013) is £5.03m, with 58% of the financial year having elapsed.
29a	Capital programme: Adults	General Ledger	-	N/A	£1.9m	TBD	£0m	£1.9m	G		Apr-Oct	V Quayle	
29b	Capital programme: Children and Young People		-	N/A	£11.52m	TBD	£5.03m	£11.52m	G				

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	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
Strategic Director Lead	Clare Fish
Departmental Lead	Chris Beyga
Target	718.0 (December) / 695.0 (March 2014)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance																																																					
Performance this Period	880.2 + / - Target: -162.2 (23%)																																																				
Non-compliance reason	<p>Performance to date during 2013/14 shows a 5% reduction in total placements when compared to the same period (Apr-Nov) in 2012/13.</p> <p>Placement levels have started to reduce since July 2013 with the exception of October. Quarter 1 placement levels were 26% higher than target with June a particular outlier which has impacted on the overall status of this indicator.</p> <p>The targeted number of placements for Q2 was 111 and the total number of placements equalled 124 (+12%). There remains a risk that backdated placements may still be entered onto the social care system thereby impacting reported levels. This explains why performance for December appears to have decreased dramatically.</p> <div style="text-align: center;">  <table border="1"> <thead> <tr> <th></th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>45</td> <td>43</td> <td>41</td> <td>39</td> <td>36</td> <td>36</td> <td>36</td> <td>36</td> <td>36</td> <td>34</td> <td>34</td> <td>33</td> </tr> <tr> <td>Actuals</td> <td>48</td> <td>50</td> <td>64</td> <td>44</td> <td>41</td> <td>39</td> <td>52</td> <td>41</td> <td>26</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2012-13</td> <td>51</td> <td>55</td> <td>38</td> <td>56</td> <td>54</td> <td>40</td> <td>57</td> <td>47</td> <td>51</td> <td>46</td> <td>48</td> <td>45</td> </tr> </tbody> </table> </div>		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	45	43	41	39	36	36	36	36	36	34	34	33	Actuals	48	50	64	44	41	39	52	41	26				2012-13	51	55	38	56	54	40	57	47	51	46	48	45
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																																									
Target	45	43	41	39	36	36	36	36	36	34	34	33																																									
Actuals	48	50	64	44	41	39	52	41	26																																												
2012-13	51	55	38	56	54	40	57	47	51	46	48	45																																									

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)

Understanding the Problem

47% of all permanent admissions can be traced back to hospital discharges and a further 16% linked to other health related initiatives (Rapid Access, Social Care Funding, etc). These are placements that are generally made in the community by health practitioners.

All placements from hospital are short term, the only exception being where a long term placement has previously been agreed and there is a change of need e.g. residential to nursing. Short term placements can be commissioned for a variety of reasons including to expedite discharge whilst waiting for community based services, carer breakdown or environmental reasons where an immediate return is not viable or the level of presenting need is felt to be so great that the individual cannot be supported safely within a community setting. In some situations this can be affected by a lack of suitable community based alternative services, making placements the only viable and safe option.

A further 13% of admissions are due to capital depletion of individuals previously self funding their placements.

The above scenarios mean that in Wirral very high numbers of people are admitted to care on a short term basis. Many of these placements are made outside of the control of Local Authority pathways.

There are a number of risks engendered. There is clearly a financial risk which currently falls on the Local Authority to pick up people who have been placed by the NHS. There are quality risks in the placement processes. There is also a risk that once admitted people will lose their independent living skills

Focus of Activity to improve performance:

Community based options must be maximised post discharge and all reablement options exhausted for all Hospital discharges.

All disciplines within the acute hospital discharge team must focus on promoting independence rather than bed focused solutions. This does require some leverage and challenge to current processes

Current commissioning activity will deliver more capacity and a greater range of domiciliary care and reablement/intermediate care services work needs to continue with Health Commissioners to reduce and ultimately eliminate the use of alternative initiatives such as the social fund and rapid access, thus ensuring the health and social care economy work together to improve decision making , utilise resources and reduce the use of bed based options.

	<p>With immediate effect the Local Authority should not “automatically” take responsibility for picking up the funding for placements made by the NHS. The responsibility for these placements should remain with the NHS until DASS assessment and formal decision making processes have been followed including the scheme of delegation. All appropriate assessments should be fully completed including exploration where relevant of alternative funding streams such as CHC.</p>
How (will it be achieved)	<p>A new scheme of delegation has been issued within the department with regards all placements/packages of care arranged after the 31st July 2013 to ensure appropriate authorisation levels are in place and continued rigorous scrutiny.</p> <p>Within this there is now enhanced recording of short term placements being made which will enable in-depth analysis of the reasons for care home placements to inform future management actions and commissioning intentions.</p> <p>The Pull Pilot is now operational within A& E and DASS staff are working as part of a multi disciplinary team to avoid wherever appropriate hospital admission. This focuses on the use of community based resources. People that are unfunded and need a placement to meet their needs either from Hospital or community will be prioritised. There are a number of placements that are the responsibility of the NHS, the system of prioritisation and assessment will make NHS funded places a lower priority than the non funded placements. This will ensure that people are not at risk, however it will lead to the funding risk remaining with the NHS for people placed by them</p> <p>Work is progressing regarding the joint appointment of an Integrated Discharge Manager (funded by DASS, Community trust and WUTH) to facilitate a more cohesive approach to discharge and work is going on to enhance the development of the team. Within this there is a key focus to reduce the numbers of individuals going direct to placements, to ensure the right assessment at the right time and a more joined up approach between health and social care colleagues</p> <p>The recent restructure within DASS has resulted in several staff moving into the hospital from locality teams encouraging a sharing of differing experiences, skills and knowledge.</p> <p>The development of community Integrated Care Co-ordination Teams (ICCTs) may also assist with this as we move into a more fully integrated service model. Five ICCT’s are planned for October 2013 where the focus will be to maintain individuals within the community and where needed support earlier discharge.</p> <p>We have recently piloted a team in the Birkenhead locality who have focused upon ensuring that short term placements are picked up quickly in the community. This is currently being evaluated and processes transferred into the above Multi Disciplinary Team work across all teams to ensure speedy resolution.</p>

Who (will be responsible)	Head of Service (Delivery) Senior Manager (Independence), Senior Managers Neighbourhoods
When (will results be realised)	<p>If the volume of placements made during quarter 1 of 2013-14 were to continue it is unlikely that year end performance against this indicator would be within the “green” tolerance level.</p> <p>However, as identified above, there are a number of initiatives in place or progressing with Health partners. These initiatives, together with the management actions that have already been put in place, should have a positive impact on the number of permanent placements made by the Department.</p> <p>Data is currently being gathered to analyse the impact of the initiatives and management actions and this will be available at the end of September 2013.</p> <p>New contract arrangements for Domiciliary care and Reablement services, which will be in place early in the new year, should also have a positive impact offering enhanced capacity and responsiveness.</p> <p>Progress will continue to be rigorously monitored and dependent on the scale of impact and evaluation there may be a requirement for further management actions to be agreed.</p> <p>September Update</p> <p>As previously reported, data has been gathered to analyse the impact of the initiatives and management actions as at the end of September 2013.</p> <p>Whilst the data shows a marginal improvement some of the management actions are still being embedded in operational teams and the impact of these will continue to be closely monitored over the next few weeks.</p> <p>Analysis of the data indicates over 50% of people requiring a service post hospital discharge were not previously in receipt of a package of care prior to admission.</p> <p>In addition to the management actions and initiatives previously identified, the Department is also piloting a new mobile night service which is due to commence 14th October. This commissioned service will be able to respond to both planned and unplanned episodes of care and will facilitate both admissions prevention and discharge from hospital and care homes. This will have a positive impact on the number of permanent admissions to care homes.</p> <p>Improved monitoring arrangements have also been put in place together with enhanced performance reporting to Senior Managers.</p>

	<p>October Update</p> <p>Management actions now appear to be having an impact on placement levels. As take up of the mobile night service increases and the pull pilot continues to prevent hospital admissions there should be a continued positive impact on reducing permanent admissions to care homes.</p> <p>Assuming placement levels continue on target this indicator could potentially change to Amber status in November/December. However, demand due to winter pressures on the social care system is a potential risk.</p> <p>November Update</p> <p>Due to the level of activity to date it is now unlikely that this indicator will achieve a green status during 2013-14.</p> <p>As the result of a recent exercise completed to resolve outstanding queries there have been a number of backdated placements recorded this month. This was a one-off exercise and the impact should not be replicated in future months.</p> <p>Under the scheme of delegation senior managers will continue to authorise all permanent placements. Decisions about permanent placements will be recorded on a quality assurance document signed by the senior manager to ensure an auditable decision making process.</p> <p>Hospital discharges continue to be the main source of permanent placements although the majority of discharges are initially into a short term bed. This can be tackled in one of two ways, either preventing admissions to hospital or ensuring a range of services are available to facilitate discharge and provide tangible alternatives to bed based services.</p> <p>Two members of staff will be located in the Alternative 2 Hospital (A2H) service in Arrowe Park from January 2014 and will seek to support the prevention of admissions by ensuring individuals are appropriately supported through both short term placements and community based alternatives such as the mobile night service.</p> <p>In instances where short term placements are used to either prevent a hospital admission or facilitate a hospital discharge these placements will be followed up in a timely manner to ensure any long term needs are fully assessed and individuals can be supported to return home where possible and appropriate.</p> <p>The re-tender of the intermediate care and reablement contracts should ensure there is a positive impact on placements and availability of community based alternatives.</p> <p>Although the target is not currently being delivered, care home placements for older people are currently (M8) forecasting within</p>
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	<p>budget. The performance target is a more demanding reduction in the number of new placements than is implied by the budget allocation in order to change existing behaviours and highlight the importance of resolving this issue.</p> <p>Plans are currently in development to support delivery of the Better Care Fund (BCF) from 2014/15 onwards. The fund provides an opportunity to transform care so that people are provided with better integrated care and support.</p> <p>Full payment of the fund in 2015 will be based on performance against six key metrics, one being the number of permanent admissions of people aged 65+ to residential homes with the intention that there is a reduction in inappropriate admissions of older people in to residential care.</p> <p>A performance dashboard is currently in development which will baseline current performance, provide benchmarking information and track current performance against targeted performance.</p> <p>The dashboard will evidence performance against the 6 performance metrics as well as other key health and social care performance indicators, including hospital admissions/re-admissions, use of reablement and intermediate care services and discharges to residential homes. This will provide a focus on the interrelationships between these measures and will facilitate transformation underpinned by the commissioning activity previously referenced in this action plan.</p>
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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE

COMMITTEE

28 JANUARY 2014

SUBJECT:	DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT (AS AT 30TH NOVEMBER 2013)
WARD/S AFFECTED:	ALL
REPORT OF:	DIRECTOR OF PUBLIC HEALTH/HEAD OF POLICY & PERFORMANCE
RESPONSIBLE PORTFOLIO HOLDER:	CLLR CHRIS JONES (ADULT SOCIAL CARE)
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The aim of this report (Appendix 1) is to update Members of the Committee of the current performance of the Directorate (as at 30th November 2013) against the delivery of the Directorate Plan for 2013/14. The report translates the priorities set out in the Directorate Plan into a coherent and measurable set of performance outcome measures and targets.
- 1.2 This report also provides a mechanism for overview and scrutiny of Directorate Plan performance. Members are requested to consider the details of the report and highlight any issues arising from this report.

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 of Public Health / Head of 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
 - 2013/14 Performance tolerance levels (determine RAG [Red, Amber, Green] status)
 - Head of Service responsible for delivery of target

- 2.2 Directorate Plan performance is monitored on a monthly basis against the parameters agreed as part of the business planning process (e.g. RAG tolerance levels). Some indicators are only available on a quarterly basis, in line with the availability of data. 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).
- 2.3 Monthly Directorate Plan Performance Reports are produced and made available to support corporate challenge via:
- Monthly DMTs
 - Monthly Portfolio Lead briefings
 - Quarterly Audit, Risk, Governance and Performance meetings
 - Quarterly Policy and Performance Committees

3.0 SUMMARY

- 3.1 The Directorate Plan Performance Report (Appendix 1) sets out performance against 13 measures. A commentary is provided against each indicator.
- 3.2 Of the 13 measures that are RAG rated, 6 are rated green, 4 are rated amber and 3 are rated as red. The 1 measure rated red has an action plans (included as Appendix 2) which refer to:
- Take up of NHS Healthcheck programme by those eligible (Healthcheck offered)
 - Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months
 - Smoking at the time of deliver (SATOD)

4.0 RELEVANT RISKS

- 4.1 The performance management framework policy is aligned to the Council's risk management strategy.

5.0 OTHER OPTIONS CONSIDERED

- 5.1 N/A

6.0 CONSULTATION

- 6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 7.1 N/A

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

- 8.1 Financial implications of undertaking the actions to deliver the Corporate Plan will be addressed by Directorates as appropriate.

9.0 LEGAL IMPLICATIONS

9.1 N/A

10.0 EQUALITIES IMPLICATIONS

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

(c) No because of another reason which is

The report is for information to Members and there are no direct equalities implications at this stage.

11.0 CARBON REDUCTION IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATION/S

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

14.0 REASON/S FOR RECOMMENDATION/S

14.1 To ensure that the report provides elected members with the information required to evaluate the delivery of the Directorates Plan.

REPORT AUTHOR: **Tony Kinsella**
Head of Performance
Telephone: 07717156941
Email: tonykinsella@wirral.gov.uk

APPENDICES

Appendix 1 - Directorate Plan Performance Report (2013/14)

Appendix 2 - Exception reports/Action Plans for Take up of NHS Healthcheck programme by those eligible (Healthcheck offered) / Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months / Smoking at the time of deliver (SATOD)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families & Wellbeing Policy & Performance Committee	3 September 2013

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WIRRAL COUNCIL
Public Health Performance and Finance Report as at 30th November 2013



No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Forecast Outcome	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	This year we have seen a decrease in the rate of alcohol-related admissions to hospital. October 2013 saw the launch of the local alcohol strategy whose implementation is being overseen by a multi-agency partnership. This is a key target for the Health and Wellbeing Board.
2	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	2,259	NYA	3,500	1,261	942	2,619	A	-	Apr - Oct	G Rickwood	Current data is reporting a small decrease in the number of smokers who are still quit at 4 weeks compared to the previous month (September 2013, 111 - October 2013, 110). Due to a shorter reporting period for October data there are still a number of clients (n=83) awaiting 4 week quit outcomes, resulting in amber rating.
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%	13.8%	11.5%	R	-	Apr - Sep	G Rickwood	Current data is reporting an increase in the smoking status of women at the time of delivery compared to the previous quarter (Apr to Jun 2013, 12.1%). The next reporting period (quarter 3 2013/14) will be reported in February 2014. A new computer system was installed to collect this data at the start of June 2013, this has adversely affected quarter 1 figures. An action plan to address data input and recording has been requested to ensure accurate recording of data.
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	35.6	32.2	A	+	Jul - Sep 2012	J Graham	Current data is showing a small decrease in the under 18 conception rate per 1,000 population compared to the previous quarter (Apr to Jun 2012, 35.8). However this is an increase from the same point in 2011 (28.0). The Merseyside cluster, North West and England all experienced a reduction in rate from the same reporting period in 2011. The numbers of young women who become pregnant are relatively small and therefore a slight increase or decrease in numbers produces large fluctuations in the trend data.
5	Excess weight in 4-5 year olds: reception year classified as overweight or obese (PHOF 2.6i)	NCMP	22.3%	22.9%	24.7%	24.7%	22.3%	22.3%	G	+	2012-13	J Graham	Data for the school year 2012/13 is reporting a decrease in the number of children recorded as overweight and obese, the numbers are at the lowest recorded since 2006/07. The number of children weighed and measured in Wirral continues to remain high at 97%.
6	Excess weight in 10-11 year olds: year 6 classified as overweight or obese (PHOF 2.6ii)	NCMP	33.3%	33.4%	35.6%	33.3%	33.3%	33.3%	G	+	2012-13	J Graham	This target is underperforming, a remedial action plan is in place with quarterly milestones with Cheshire and Wirral Partnership NHS Foundation Trust as the main provider of drug treatment services. This target is robustly monitored at bi-monthly contract monitoring meetings with the provider. Performance tolerance ranges are being reviewed for the next financial year based on local performance against a cluster of 33 similar councils. Contractual penalties will be considered if performance does not improve. This service will be recommissioned in 2014-15, these are key outcomes for the new service and will be closely monitored.
7	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15)	NDTMS	9.11%	NYA	10.0%	10.0%	8.01%	10.0%	R	↕	May 12 - Apr 13	G Rickwood	

WIRRAL COUNCIL Public Health Performance and Finance Report as at 30th November 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
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	39.28%	NYA	53.0%	53.0%	46.90%	53.0%	A		May 12 - Apr 13	G Rickwood	Current trend is showing a reduction in the number of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months compared to the previous month (April 2012 - March 2013, 50.11%). The fall in performance will be raised at the next contract meeting with the provider in January 2014.
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)	8%	2%	20% (Q2-Q4)	R		Jul 13 - Sep 13	J Harvey	The new NHS Health Checks public health contract was implemented on 1st July 2013 after intensive engagement with GP providers and following the provision of training for all staff that deliver NHS Health Checks. Data for quarter 2 activity was collected by the Cheshire and Merseyside Commissioning Support Unit as part of a 2 month rolling programme during August and September 2013. Activity data so far received for quarter 2 is extremely low and is contrary to anecdotal feedback from practices which suggests that the data significantly underestimates the number of people invited and, the number of health checks completed. In an attempt to ensure that activity is accurate, practices have been advised to ensure that they are using the issued template and that they are coding activity correctly. The quarter 2 activity will be revised in quarter 3 when it is anticipated that any data capture issues will have been resolved and actual activity reflected. The data collection and reporting process has been compounded by national data sharing issues. The next reporting period (quarter 3 2013/14) will be reported in February 2014.
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)	50.0%	42.9%	50% (Q2-Q4)	A		Jul 13 - Sep 13	J Harvey	
Domain 3: Health protection													
11	Incidence rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Health Protection Agency (HPA)	2,505 (2011)	2378.4 (2011)	2,505	2,505	2,559	2,505	G		Jul 13 - Sep 13	J Graham	The data reported is local data for quarter 2. We are challenging the data published nationally by Public Health England which we believe is incorrect due to data input errors. A formal request has been made to Public Health England to review their published data and correct.
Domain 4: Healthcare, public health and preventing premature mortality													
12	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	Cardiovascular disease is one of the major causes of premature mortality (deaths in under 75s) in England. We are ranked 113 out of 150 local authorities for the level of premature deaths. We were ranked 14th in our peer group of 15. We have seen a reduction in premature death rates from heart disease and stroke, interventions which have led to this reduction include – stop smoking services, identification and management of high blood pressure, prescribing of aspirin and statins to those people with established heart disease. This data is reported annually. 2012/13 performance is based on 3 year pooled data from 2010-2012 and is a proxy measure until the national figures become available.

FINANCE

13	Revenue	General Ledger	-	N/A	£25.72m	£15.65m	£15.15m	£25.72m	G		Apr - Nov	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	NHS Healthchecks: <ul style="list-style-type: none"> Take up of the NHS Healthcheck programme by those eligible – Healthcheck offered (PHOF 2.22i)
Strategic Director Lead	Fiona Johnstone, Director of Public Health / Head of Policy & Performance
Departmental Lead	Jane Harvey Public Health Consultant
Target	Offered: 20% of eligible group (Q2-Q4) Note: No activity in Q1 due to pause to consult with CCG and deliver training for staff

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	Q2: 2175 invited/ 91,188 eligible = 2%	+ / - Target : -6% YTD
Non-compliance reason	<p>The new NHS Health Checks public health contract was implemented on 1st July 2013 after intensive engagement with GP providers and following the provision of training for staff who deliver NHS Health Checks. The data collection process for Q2 activity was conducted by the Commissioning Support Unit (CSU) as part of a 2 month rolling programme during August and September. The activity data is contrary to anecdotal feedback from practices which suggests that the data significantly underestimates the number invited and the number of health checks completed.</p> <p>Colleagues from CSU believe that some practices may not have been using the correct code (read code) which records when an activity (e.g. a health check) has been completed. CSU believe this is quite common when new read codes are being introduced. In addition, the data collection and reporting process has been compounded by national data sharing issues that currently prevent the collection of all appropriate data.</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)	<ul style="list-style-type: none"> To ensure GP practices are accurately capturing read codes For GP practices to utilise the template that ensure the correct read code is entered Future data extraction is undertaken in a more timely manner

How (will it be achieved)	<p>Following Q2 data, all GP practices have been asked to ensure they are using the locally developed clinical IT template and that they are using the correct read codes. In order to understand some of the data recording issues a more detailed review of processes in a selected number of GP practices will be undertaken over the next few months together with support from CSU.</p> <p>The Q2 activity will be revised in Q3 when it is anticipated that these data capture issues will be resolved and actual activity reflected in the data. The CSU will extract data for the next return after Q3 period has ended.</p>
Who (will be responsible)	Kevin Carbery & Rachael Musgrave from Public Health
When (will results be realised)	The next data return is in January 2014. All data activity for 1 st July – 31 st December 2013 will be reviewed at this time. As stated above the plan is to work with selected practices over next few weeks to resolve data issues and address any issues that may arise from this review.

Note: Public Health are liaising with Public Health England to ensure they update their figures in order to ensure they reflect the correct eligible population shown in this table.

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	8.01% (October 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 that focused on harm reduction, 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 deeply rooted life style habit, which requires considerable 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>A recent report published by Public Health England, “Drug Treatment in England, 2012/13”, highlighted that drug treatment was still seen to be working but added that, <i>“The treatment population is ageing, with the over 40’s now being the largest group starting (as re-presentations)receiving treatment. Many are older heroin users who have failing health and entrenched addiction problems. This group is particularly hard to help into lasting recovery. The impact is beginning to show in the proportion of people successfully completing treatment, which has levelled off in 2012 to 13 following an increasing trend over the previous 7 years.”</i></p> <p>This issue is particularly pronounced with Wirral’s in treatment population, as evidenced above.</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.
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	<ul style="list-style-type: none"> 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. Continued analysis of best practice around the country and looking for service delivery developments that will support improved performance. 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). Sharpened focus on the performance against this target and close monitoring of the above action plans. Analysis of individual key worker performance to identify those who are most effective. Isolate the factors that contribute to this effectiveness and then work with wider staff group to replicate this practice across the key worker team.
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 now to achieve the target by January and then work with providers to sustain performance at or above this level.

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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 at Time of Delivery (SATOD)
Strategic Director Lead	Policy, Performance & Public Health
Departmental Lead	Julie Webster, Head of Public Health
Target	11.5%

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	13.8%
Non-compliance reason	<p>Current SATOD rates for Wirral are 13.8%. This rate is lower than the national average (16.4% 2012/2013)</p> <p>Clinical Care Groups commission maternity services. NICE guidance 'Quitting Smoking in Pregnancy and following Childbirth' highlights that the key role for midwives should be to identify and refer pregnant smokers.</p> <p>The underperformance against this target has been attributed to three factors:</p> <ol style="list-style-type: none"> 1. New database system introduced into Maternity June 2013. An issue with the smoking status of some records not being present for reporting. Remedial action is on-going and an expectation that the number of records where the status is 'not known' will reduce in the coming months 2. Problems with inputting data from front-end user perspective so not all data captured. 3. Problems with backend reporting not reflecting data captured front end.

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)	<p>Data issues with new database resolved and all data is captured to support the data that is reported.</p> <p>Increase in number of referrals into local stop smoking service for pregnant women</p>

How (will it be achieved)	Work in partnership with CCGs to ensure service specifications for maternity services include the following: <ul style="list-style-type: none">• All midwives are competent in discussing smoking with women and delivering CO screening• There is an effective and robust referral pathway for pregnant smokers
Who (will be responsible)	Rebecca Mellor, Public Health
When (will results be realised)	It is anticipated that the reported performance will show a downturn in SATOD figures by the end of Quarter 4.

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

28 JANUARY 2014

SUBJECT	FINANCIAL MONITORING 2013/14 MONTH 8 (NOVEMBER 2013)
WARD/S AFFECTED	ALL
REPORT OF	DIRECTOR OF RESOURCES

1 EXECUTIVE SUMMARY

- 1.1 This report sets out the financial monitoring information for this Committee to ensure consistency across the Policy and Performance Committees and aims to give Members sufficient detail to scrutinise budget performance for the Directorate. Financial information for Month 8 (November 2013) reported to Cabinet on 16 of January is included.

2 BACKGROUND AND KEY ISSUES

- 2.1 Members of the Policy and Performance Committees have requested that financial monitoring information is provided as a standard item at each Committee.
- 2.2 Since September 2012 monthly revenue and capital monitoring reports have been submitted to Cabinet as a means of providing regular, detailed updates on budget performance.
- 2.3 At its meeting on 3 September 2013, the Policy and Performance Coordinating Committee reviewed the most recent revenue and capital monitor reports submitted to Cabinet in July.
- 2.4 The Coordinating Committee agreed that in order to fulfil its corporate and strategic scrutiny role, it will continue to review the full versions of the most up to date monitor reports at its future scheduled meetings.

3 PROPOSED REPORTING TO POLICY & PERFORMANCE COMMITTEES

- 3.1 It is proposed that for the three Policy and Performance Committees aligned to the Directorates, the relevant sections from the most recent revenue and capital monitoring reports are summarised into a bespoke report for each of the Policy and Performance Committees. This will include the following:
- Performance against revenue budget
 - Performance against in year efficiency targets
 - Performance against capital budget

3.2 The following sections have been extracted from the Financial Monitoring reports presented to Cabinet on 16 January 2014.

PERFORMANCE AGAINST REVENUE BUDGETS MONTH 8 (NOV 2013)

3.3 CHANGES TO THE AGREED BUDGET

3.3.1 2013/14 Original & Revised Net Budget £000's

	Original Net Budget	Approved Budget Changes Prior Mths	Approved Budget Changes Month 8	Revised Net Budget
People - Adult Social Services	82,951	-220	30	82,761
People – Children & YP, & Schools	91,738	-6,851	75	84,962
People – Asset Mgmt & Transport	-	5,534	-	5,534
People – Safeguarding	685	1,396	-	2,081
People – Sports and Recreation	8,904	-42	-	8,862

3.3.2 Changes to the Budget agreed since the 2013/14 Budget was set

Items	£m
The Anti-Social Behavior team is part of the Families and Well Being Directorate - Children and Young People and the budget has therefore been transferred from Housing and community safety.	0.569
A number of training and legal posts have been transferred from Children and Young People to Transformation and Resources	-0.353
Transfer of staffing budgets from DASS in Families & Wellbeing to Financial Services within Transformation & Resources	-0.170
Transfer of 2 Constituency Committee Posts to Chief Executive from CYP.	-0.095
Staff transfer from CYPD to Financial services following recent restructure.	-0.044
Strategic Directors costs moved to People and Places from Chief Exec Dep	0.150
Transfer of Allotments budget from Asset Management (CYP) to Parks and Countryside (R&E).	-0.090
Performance officer transferred from DASS to Chief Exec Dep	-0.045

3.3.3 All of the budget changes have been virements to reflect the re-alignment of functions, and the related budgets, between the Regeneration and Environment Directorate and other Directorates. There have been no changes approved by Cabinet which increase the Directorate and Council spending.

3.4 VARIATIONS

3.4.1 The report will use RAGBY ratings that will highlight under and overspends and place them into 'risk bands'. The 'risk band' classification is:

- Extreme: Overspends - **Red** (over +£301k), Underspend **Yellow** (over -£301k)
- Acceptable: Amber (+£141k to +£300k), Green (range from +£140k to -£140k); Blue (-£141k to -£300k)

3.4.2 2013/14 Projected Budget variations £000's

Directorate	Revised Budget	Forecast Outturn	(Under) Overspend Month 8	RAGBY Classification	Change from prev mnth
People - Adult Social Services	82,761	82,761	-	G	-
People – Children & YP, & Schools	84,962	84,962	-	G	-
People – Asset Mgmt & Transport	5,534	5,534	-	G	-
People – Safeguarding	2,081	2,197	116	G	74
People – Sports and Recreation	8,862	8,652	-210	B	-8

3.4.3 RAGBY full details

Department	Number of Budget Areas	Red	Amber	Green	Blue	Yellow
Adult Social Services	2	0	0	2	0	0
Children & Young People, & Schools	7	1	0	4	2	0
Safeguarding	1	0	0	1	0	0
Sports & Rec	1	0	0	0	1	0

3.4.4 A £94k under spend is forecast at present. Early implementation in 2013/14 of some measures to repay one-off funding, which supports the 2013/14 budget has occurred. These were originally scheduled to commence in 2014/15 and have enabled monies to be used:

Adults: There is significant progress on Learning Disabilities through realignment of community care budgets and an overall Directorate underspend is forecast. Management actions previously planned have delivered reductions in residential placements and increased NHS income. Accordingly £1.4m is currently projected as available in 2013/14. Any monies identified will be earmarked to contribute towards an adjustment to income of £2m to reflect the actual in year income performance as detailed in Annexe 12 or against the 2013/14 loan repayment.

- Childrens: A number of variances are assumed as covered by the corporate savings profiling account. £1.5 million is forecast to be available in the year to contribute towards bridging the 2013/14 loan in 2014/15.

	Adults	Children	Total
Saving 2013/14	1.400	1.500	2.900
Use in 2013/14	-1.400	-0.000	-1.400
C/forward to 2014/15	<u>0.000</u>	<u>1.500</u>	<u>1.500</u>

3.4.5 The red rated business area relates to Specialist Services within People – Children & Young People & Schools. This is due to an increase in residential placements forecasting a £541,000 net overspend. The overspend will be covered from other areas of the directorate.

3.5 IMPLEMENTATION OF 2013/14 SAVINGS

3.5.1 Budget Implementation Plan 2013/14 £000's

BRAG	Number of savings Options	Approved Budget Reduction	Amount Delivered at Nov	Still to be Delivered
B - delivered	12	3,319	3,281	38
G – on track	12	6,044	4,368	1,676
A - concerns	1	1,576	1,066	510
R - failed	2	450	0	450
Total at M8 Nov	27	11,389	8,715	2,674

3.5.2 The Savings Tracker is Annex 5 of the Cabinet report and appended to this report details those areas classed under Families & Wellbeing. The two Red rated options relate to the following areas:

- Review of Residential Care for Learning Disabilities. Information is currently awaited for verifying the movement of this indicator from a Red to Amber rating
- Assistive Technology

The Amber rated area relates to:

- Children's Centres and Sure Start

Any shortfall in budget will be found from general savings within the Directorate.

3.5.3 Budgetary Issues £000's

Description	£000	Action
Income was included at 100% of billed, rather than at the (lower) level of collection. Improved collection would reduce the loss but this should be evidence led.	2,000	Entered into M1 Monitor. 2013/14 from Directorate. 2014/15+ Bad debt provision will cover
Shortfall in accommodation budget; resolution depends on service and asset disposal	33	Agreed can be met from permanent budget reduction
Foster Care placements - with improved work routines, amenable to reduction.	100	Funding from M8 increased grants
Learning Disabilities additional supported living packages	2,700	Management actions resolving shortfall including additional NHS support, increased income and budget realignment. Future year impact being assessed

3.5.4 At this stage the issues that have been identified of concern are reported at Annex 12 Budgetary Issues of the Cabinet report and this identifies solutions to those savings where delivery is not anticipated in 2013/14.

3.6 PERFORMANCE AGAINST CAPITAL BUDGETS MONTH 8 (NOV 2013)

3.6.1 Table 1: Capital Budget

	Capital strategy	Changes approved by Cabinet	Reprofile to be approved	Other changes to be noted or approved	Revised Capital Programme
People – Adults	11,025	-9,125	-400	600	2,100
People – CYP	10,286	1,233	0	0	11,519

Significant variations to be approved or noted by Cabinet for Period 8 are set out in Table 1. The majority of changes approved are made up of slippage from 12/13.

A summary of Reprofile to be approved:

People - Adults	-400	Projections for the Integrated IT scheme indicates further re-profiling is necessary with contractor payments now commencing in December (D)
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3.6.2 Spend to date November (8/12 = 66.6%)

	SPEND TO DATE		COMMENTS ON VARIATION RAG
	£000	%	
People – Adults	0	0	Green -acceptable
People – CYP	5,650	49	Green -acceptable

Expenditure on capital to date is compared to budget in Table 2. Details of issues within the outlined areas are:

With regard to the Learning Disabilities Extra Care Housing scheme (£0.4 million), procurement has now been completed and the successful providers agreed.

3.6.3 Projected Outturn compared to Revised Budget £000's

	REVISED	PROJECTED	VARIATION
	BUDGET	OUTTURN	
People – Adults	2,100	2,100	0
People – CYP	11,519	11,519	0

Budgets are revised throughout the financial year to reflect the projected outturn.

4 RELEVANT RISKS

4.1 There are none relating to this report.

5 OTHER OPTIONS CONSIDERED

5.1 Any option to improve the monitoring and budget accuracy will be considered.

6 CONSULTATION

6.1 No consultation has been carried out in relation to this report.

7 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 There are no implications arising directly from this report.

8 RESOURCE IMPLICATIONS: FINANCIAL, IT, STAFFING AND ASSETS

8.1 In respect of the Revenue Budget the Families and Wellbeing Directorate after loan repayment and annex 12 funding is projecting a £94k under spend as at the 30 November 2013.

9 LEGAL IMPLICATIONS

9.1 There are no implications arising directly from this report.

10 EQUALITIES IMPLICATIONS

10.1 The report is for information and there are no direct equalities implications at this stage.

11 CARBON REDUCTION IMPLICATIONS

11.1 There are no implications arising directly from this report.

12 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 There are no implications arising directly from this report.

13 RECOMMENDATIONS

13.1 Members are requested to review the information presented to determine if they have any specific questions relating to the budget for the Families and Wellbeing Directorate.

14 REASONS FOR THE RECOMMENDATIONS

14.1 To ensure Members have the appropriate information to review the budget performance of the directorate.

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APPENDICES

Extracted from the Revenue Monitoring report to Cabinet on 16 January 2014:-

Annex 5 Savings Tracker

Annex 6 ADULTS/CHILDREN'S REPLACING ONE-OFF 2013/14 FUND

Annex 12 Budgetary Issues

SUBJECT HISTORY

Council Meeting	Date
Monthly financial monitoring reports for Revenue and Capital have been presented to Cabinet since September 2012.	

EXTRACT FROM FINANCIAL MONITORING REPORT MONTH 8 (NOV 2013)

Annex 5 SAVINGS TRACKER

Families and Well Being – Childrens

Saving	Target £000	Comments / progress on implementation	BGAR	Amount delivered at M8 Nov 13 £000	To be delivered £000
Education Psychology Service	80	Savings achieved	B	80	0
Schools Budget	250	Savings achieved	B	250	0
Careers, Education and Advice	700	Savings achieved	B	700	0
Schools Music Service	21	Savings achieved	B	21	0
Oaklands Outdoor Education Centre	23	Savings achieved	B	23	0
Foundation Learning	121	Savings achieved	B	121	0
Commissioning of Parenting Services	700	Savings achieved	B	700	0
Youth Challenge	200	Savings achieved	B	200	0
Short Breaks for Children with Disabilities	150	Savings achieved	B	150	0
Area Teams for Family Support	200	Savings achieved	B	162	38
School Improvement and Income from Schools	160	The school improvement programme has been reduced. However there is a shortfall in the buy back from Academies in respect of PFI of £45k.	G	115	45
Youth and Play Services	687	Restructure complete, but slippage of £83k is anticipated in relation to late vacation of premises and employees not leaving 1st April.	G	604	83
Child and Adolescent Mental Health Service	250	Confirmation that staff have left with slippage of £45k.	G	205	45

Children's Centres and Sure Start	1,576	There is slippage in relation to the Management restructure of £57k and slippage in the transfer of day care, £453k, for which only 2 tenders were received. There are discussions with Primary Schools in relation to the remaining 4 sites. Options are continuing to progress however the revised timescale of 1 January 2014 is unlikely to be met with resources being identified to offset any costs till the end of the year.	A	1066	510
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Families and Well Being – DASS

Saving	Target £000	Comments / progress on implementation	BGAR	Amount delivered at M8 Nov 13 £000	To be delivered £000
Review of VCF Sector Grants	705	Savings achieved	B	705	0
Community Meals	169	Savings achieved	B	169	0
Review of Support for Carers	250	Letter issued and reviews progressed for one-off payments, payments not related to client assessed need, and payments to related individuals	G	250	0
Day Care and Day Services Transformation	750	Service changes implemented	G	750	0
Charging for Non Residential Services	880	New charges implemented	G	590	290
Transport Policies	250	Additional grant funding CYP	G	250	0
Targeted Support through NHS Contracts	1,828	- All clients no longer requiring double handling identified contract performance to be monitored (£83k).	G	1000	828
		- Use of Social Fund Grant Allocation. (£800k).	B		
		- New contract starts 1.1.2014 (£84k).	G		

		- Targets implemented for residential placement numbers plus scheme of delegation. (£454k) - Continuing Health Care – correct application of law and policy. (£377k).	G G		
Modernisation of leisure	429	Revised shift rotas have now been implemented. The delay in implementation is expected to result in slippage of £125k on this budget saving option.	G	304	125
Residential and Respite Care	160	Director implementing action plan to reduce Supported Living costs	G	100	60
Review of Equipment Service	100	Revised S75 in place for 2013/14 with Community Trust. Discussions commenced with NHS re revised hosting arrangements	G	0	100
Extra Care Housing/External Respite and Short-term Provision	300	- Extra Care Housing Provider Negotiations continue. - Revised Respite Policy to be produced and review the feasibility for block contracts for respite	G G	200	100
Review of Residential Care for Learning Disabilities	300	LD packages currently overspending	R*	0	300
Assistive Technology	150	Charges delayed by further consultation requirements; April 2014 implementation	R ↓	0	150

*Learning Disabilities: Information is currently awaited for verifying the movement of this indicator from a Red to Amber rating

Annex 6 ADULTS/CHILDREN'S REPLACING ONE-OFF 2013/14 FUNDING

ADULTS

Details	Proposed 2013/14 (£000)	Delivered 2013/14 (£000)	Proposed 2014/15 (£000)	Proposed 2015/16 (£000)	Comments / progress on implementation
Live savings					
Service Reviews (for development and future discussion with members)	1,014		3,530	900	
Management action	362		3,328	790	
Total all categories	1,376		6,858	1,690	

Note: 2013/14 monies may be allocated first to annexe 12 issues in 2013/14

CHILDRENS

Details	Proposed 2013/14 (£000)	Delivered 2013/14 (£000)	Proposed 2014/15 (£000)	Proposed 2015/16 (£000)	Comments / progress on implementation
Commissioning (saving achieved in advance)	250	250			Saving achieved in advance of 2014/15 requirement
Connexions/CEI AG (saving achieved in advance)	300	300	200		Saving achieved in advance of 2014/15 requirement
Transfer Pension costs to Schools Budget	100	100			Costs to be transferred as in 2012/13
Uncommitted Adoption Grant	200	200			As per Cabinet report June 2013
Further reduction in Schools PPM programme	200				Reduction taken into account in the available programme
Springboard / School Readiness add'l budget	400	400			Budget not committed
YOS bring forward service review	50	50			To be met from vacancies and spend controls
Children's Centres			500	1500	
Efficiencies			400		
Family Parenting			200	300	
Partnership Working			200		
Total	1,500	1,300	1500	1800	

EXTRACT FROM FINANCIAL MONITORING REPORT MONTH 8 (NOVEMBER 2013)

Annex 12 BUDGETARY ISSUES

	Service area	Issue	2013/14	2014/15	2015/16	2016/17	Resolution
People							
	Adults overstated income	Income was included at 100% of billed, rather than at the (lower) level of collection. Improved collection would reduce the loss but this should be evidence led.	2,000	2,000	2,000	2,000	Entered into M1 Monitor. 2013/14 from Directorate. 2014/15+ Bad debt provision will cover
	Willowtree	Shortfall in accommodation budget; resolution depends on service and asset disposal	33	33	33	33	Agreed can be met from permanent budget reduction
	Legal Fees ex CYP Adults	Foster Care placements - with improved work routines, amenable to reduction. Learning Disabilities additional supported living packages	100 2,700	50 0	0 0	0 0	Funding from M8 increased grants Management actions resolving shortfall including additional NHS support, increased income and budget realignment. Future year impact being assessed
Totals			4,833	2,083	2,033	2,033	
Solutions			2013/14	2014-15	2015/16	2016/17	
	Agreed redns	Willowtree Facilities Management	-33	-33	-33	-33	Agreed can be met from permanent budget reduction
	In M1 monitor	Adults income – in 2013/14 funded from bad debt provision in later years	-2,000	-2,000	-2,000	-2,000	2013/14 in year savings and bad debt provision
		Foster Care placements	-100	-50	0	0	Funding from increased grants per Directorate M8
		Learning Disabilities additional supported living packages	-2,700	0	0	0	Management actions resolving shortfall including additional NHS support, increased income and budget realignment. Future year impact being assessed
Current additional resource required from savings			0	0	0	0	

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WIRRAL COUNCIL

Families and Wellbeing Policy and Performance Committee

28 January 2014

SUBJECT:	POLICY UPDATE
WARD/S AFFECTED:	ALL
REPORT OF:	Director of Public Health/Head of Policy & Performance
RESPONSIBLE PORTFOLIO HOLDER:	Cllr Ann McLachlan (Governance and Improvement)
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 This report provides a policy briefing to Members. This is to enable Members to review new areas of policy and the government initiatives that will impact on local government in the short to medium term. Members are requested to consider the policy briefing and whether there are any items that could be included in the scrutiny work programme.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 One of the key elements of good Overview and Scrutiny highlighted by the Centre for Public Scrutiny is horizon-scanning. This means looking ahead to future changes in local government in order for the Council to have sufficient time to adapt to them.
- 2.2 As part of the reorganisation of Scrutiny within the Council, the scrutiny support team is now located alongside the Council's Policy unit to ensure these areas are joined up more effectively. The Policy Unit has developed a range of products to help Members and officers understand the evolving policy context within which the Council operates.

3.0 POLICY UPDATE

- 3.1 The '*Policy Inform*' briefing is included at Appendix 1. Each area covered includes a range of information including the Accountable Officer, the relevant portfolio, a brief synopsis, key points to consider, the implications and further information.

4.0 RELEVANT RISKS

- 4.1 There are none relating to this report.

5.0 OTHER OPTIONS CONSIDERED

- 5.1 N/A

6.0 CONSULTATION

6.1 N/A

7.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

7.1 N/A

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

8.1 N/A

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

9.1 N/A

10.0 LEGAL IMPLICATIONS

10.1 N/A

11.0 EQUALITIES IMPLICATIONS

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

(c) No because of another reason which is:

The report is for information to Members and there are no direct equalities implications at this stage.

12.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

12.1 N/A

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 N/A

14.0 RECOMMENDATION/S

14.1 Members are requested to note the contents of this report and consider whether they wish to receive any further, more detailed reports or add any specific items to the work programme.

15.0 REASON/S FOR RECOMMENDATION/S

15.1 To ensure Members have the opportunity to consider new policy initiatives and their relevance to the Committee's on going work programme.

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APPENDICES

Appendix 1 – Policy Inform: Families and Wellbeing

Policy: INFORM



Date: 28th January 2014

Families and Wellbeing

Title:	The new 'Single Inspection Framework'
Accountable Officer:	Julia Hassall
Portfolio(s) Affected:	Children's Services
Category:	Guidance
Synopsis:	<p>Ofsted published, on the 25th September, its new single framework for inspecting local authority services for vulnerable children, examining help, protection and care from the time it is first needed until a young person who is looked after has been successfully helped to start their lives as a young adult.</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. Further guidance was issued in November relating to the 'Review of the LSCB' and the 'Inspection Handbook'. The new framework was implemented from November 2013.</p>
Key Points:	<p>The inspection is universal and will be conducted in a three-year cycle. The framework brings together into one inspection: child protection; services for looked after children and care leavers; and local authority fostering and adoption services.</p> <p>These inspections are conducted under section 136 of the Education and Inspections Act 2006. They focus on the effectiveness of local authority services and arrangements to help and protect children, the experiences and progress of children looked after, including adoption, fostering, the use of residential care, and children who return home.</p> <p>The framework also focuses on the arrangements for permanence for children who are looked after and the experiences and progress of care leavers. The leadership, management and governance judgement addresses the effectiveness of leaders and managers and the impact they have on the lives of children and young people and the quality of professional practice locally.</p> <p>It is expected that at the when the 'Single Inspection' takes place within an authority a 'Review of the LSCB' is also undertaken with a separate judgement being provided for the LSCB</p>
Further Information:	<p>Ofsted Single Inspection Framework</p> <p>http://www.ofsted.gov.uk/resources/framework-and-evaluation-schedule-for-inspection-of-services-for-children-need-of-help-and-protectio</p>
Implications:	Ofsted continue to provide grades for the outcome of inspections.

Previous Wirral inspections have received grades of 'Good' with some 'Outstanding' areas. This new inspection framework with a broader remit and a focus on the quality of practice and outcomes presents a markedly more challenging inspection regime than previous inspections. The inspection regime will have implications for the Children & Young People's Department, Local Safeguarding Children Board, Children's Trust Board and Partner Agencies.

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/

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: Details have been released by the NHS of the new better care funds promoting integration between health and social care. An initial proposal is to go to the Health and Wellbeing Board shortly.

NHS Planning Guidance (with Better Care Fund details)

<http://www.england.nhs.uk/wp-content/uploads/2013/12/bm-item6.pdf>

Further Information: Allocations Paper

<http://www.england.nhs.uk/wp-content/uploads/2013/12/bm-item7.pdf>

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.

Recommendation: Receive the proposals for the Better Care Fund.

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 high quality early years provision, drawing on evidence from visits to providers, case studies, Ofsted reports and research findings.
Key Points:	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:	<p>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.</p> <p>The aims of the evaluation were to establish whether the pathfinders:</p> <ul style="list-style-type: none"> 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:	Paying for Care
Accountable Officer:	Graham Hodgkinson
Portfolio(s) Affected:	Adult Social Care
Category:	Guidance
Synopsis:	The Department of Health (DH) is continuing to develop the new structure for charging for social care
Key Points:	<p>Care home charges will from 2016-17 be split into accommodation (paid by all) and care (means tested). Individuals will have a lifetime account of care costs. Once any person has paid £72,000 towards their care costs any further care will be free.</p> <p>Under current rules any person with capital exceeding £23,250 must pay the full cost of their care. The charging structure is being revised to introduce a much more gradual taper up to a capital limit of over £100,000</p> <p>There will be a universal right to a deferred payment arrangement.</p>

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:	Major project to prepare for the charging changes, though the replacement of SWIFT will help greatly. The financial implications of all the Care Bill and charging changes are assessed at £500k in 2014-15, around £2m in 2015-16 and around £5m in 2016-17. (After allowing for new government grants).
Recommendation:	Review the position further in October when further information is likely to be available.

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Recommendation:	Review the position further in October when further information is likely to be available.

Further Information:

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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

28TH JANUARY 2014

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 2013. This report updates members on the progress with the work programme and the activity currently taking place.

2.0 WORK PROGRAMME OF THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE – RECENT UPDATES

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

2.2 At the meeting held on 5th December, members of this Committee resolved that “a Task & Finish Group in relation to Safeguarding Children be added to the work programme to be the next review to be undertaken”. This review has now been added to the work programme with a potential start date in February 2014. It is proposed that this review will commence following the completion of the Francis Scrutiny Review and the planned completion of the Care Homes Scrutiny Review. Therefore, in order to ensure a timely start to the Safeguarding Children Review, it would be helpful for members of this Committee to nominate the Chair and membership of the Safeguarding Children Review Panel at this stage.

2.3 Members will also note that the Spokespersons have requested that reports on the following topics be added to the agendas for future meetings:

- Audit on Public Health Annual Report 2012/13
- Safeguarding Annual Report 2013/14
- Improving the Public’s Health – Kings Fund Report
- Public Health Annual Report 2013/14 – The response of partners
- NHS & Social Care Integration plus Vision 2018
- Birkenhead Foundation Years Project - update

3.0 CURRENT SCRUTINY REVIEWS - UPDATE

3.1 Francis Scrutiny Review

This Review was set up to assure members that satisfactory governance and monitoring is already taking place and that the monitoring arrangements translate into adequate standards of care, with particular reference to Wirral University Teaching Hospital (WUTH). This Scrutiny Panel is now coming towards the end its work. It is envisaged that the report of the Panel will form a separate item on the agenda for this meeting.

3.2 Care Homes Scrutiny Review

Members will be aware that, at the meeting on 9th September 2013, the Care Homes Scrutiny Review was initiated. This review, being undertaken by Councillors Wendy Clements (Chair), Mike Hornby, Moira McLaughlin and Bernie Mooney, is considering the 'Quality Assurance and Standards in Care Homes'. Members are assessing how the quality of care homes in Wirral is currently monitored and what processes are already in place. The outcome of the review will enable members to understand the current monitoring arrangements, and if appropriate, propose improvements. This Review has progressed well with nine evidence gathering meetings being held in November and December. The evidence gathering stage of the Review is now complete and the Panel members are reviewing the key findings and debating potential recommendations. It is planned for the report for this Review to be completed during February. Members of the Review Panel will present their report to the Policy & Performance Committee meeting, due to be held on 8th April 2014.

3.3 Domestic Violence Scrutiny Review

An initial meeting was held in November 2013 to discuss the scope of this review. It is proposed that the review, being undertaken by Councillors Janette Williamson (Chair), Bernie Mooney, Steve Niblock and Tony Norbury, will focus particularly on the 16 to 18 year old cohort. It was planned that the bulk of the evidence gathering would take place during an Evidence Day(s), to be held early in 2014. It is now hoped to schedule this event for February 2014. As a pre-cursor to the Evidence Day(s) it is hoped to meet with groups of service users. It is envisaged that members of the Review Panel will be able to present their report to the Policy & Performance Committee meeting, due to be held on 8th April 2014.

4.0 OTHER ACTIVITY

4.1 Attainment Sub-Committee

The first meeting of Attainment Sub-Committee was held on 4th December 2013. The minutes of the Sub-Committee are reported under a separate item on this agenda. The next meeting of the Attainment Sub-Committee has now been scheduled for Monday 17th March 2014.

5.0 RECOMMENDATIONS

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

5.2 Members are requested to propose a Chair and members of the Safeguarding Children Scrutiny Panel.

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2013-14 Families & Wellbeing Committee Work Programme

Updated - 09/01/14

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	Commenced during previous municipal year													Referred to Cabinet - 7th Nov. Follow-up report to P&P Committee in approx 1 year.
Implications of the Francis Report for Wirral	Cllr Cherry Povall														Report to Committee - 28th Jan 2014
Review of Co-optees	Cllr Wendy Clements	Agreed by P&P Committee on 9th July 2013													Attainment Sub-Committee and Reference Group to be introduced. New arrangements to be reviewed in Spring 2014.
Quality Assurance and Standards in Care Homes	Cllr Wendy Clements	Agreed by P&P Committee on 9th Sept 2013													Proposed Report to Committee - 8th April 2014
Domestic Violence	Cllr Janette Williamson	Agreed by P&P Committee on 9th Sept 2013													Proposed Report to Committee - 8th April 2014
Safeguarding Children	To be agreed	Agreed by P&P Committee on 5th Dec 2013													
Potential Reviews															
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															
Services for BME Communities		Proposed by P&P Committee on 9th Sept 2013													
Reports Requested															
Adult Mental Health re-design and outcomes of the Learning Disability re-design	Cheshire & Wirral Partnership Trust														Complete
Safeguarding Vulnerable People	Julia Hassall / Graham Hodkinson														Complete
Standards in Independent Care Homes	Graham Hodkinson														Task & Finish Group introduced
Fostering Annual Report	Julia Hassall														Complete
Adoption Annual Report	Julia Hassall														Complete
Health & Wellbeing Strategy	Fiona Johnstone														Complete
Leisure Review	Clare Fish														Follow-up report - July 2014
Child Poverty Strategy - update	Julia Hassall														
Intensive Family Intervention Programme - update	Julia Hassall														
Public Health Annual Report 2013/14	Fiona Johnstone / Julie Webster														
SEN Transport: Demand Management	Julia Hassall														
All-age Disability Service	Julia Hassall / Graham Hodkinson														

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
Audit on Public Health Annual Report 2012/13	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													
Safeguarding Annual Report 2013/14	Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													
Improving the Public's Health - Kings Fund report	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													
Public Health Annual Report 2013/14 - The response of partners	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													Proposed report - July 2014
NHS & Social Care Integration plus Vision 2018	Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													Proposed report - July 2014
Birkenhead Foundation Years Project	Julia Hassall / Zoe Munby	Proposed by Spokespersons 16th Dec 2013													To be arranged
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