



Families and Wellbeing Policy and Performance Committee

Date:	Monday, 23 March 2015
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 - 12)

To approve the accuracy of the minutes of the last meeting of the Families and Wellbeing Policy and Performance Committee held on 2 February 2015.

3. REPORT OF THE CHAIR FROM MEETINGS OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 4 FEBRUARY 2015 (Pages 13 - 18)

4. **UPDATE REPORT REGARDING A&E AND WINTER PRESSURES - NORTH WEST AMBULANCE SERVICE (Pages 19 - 26)**
5. **WIRRAL UNIVERSITY TEACHING HOSPITAL - FINANCIAL UPDATE (Pages 27 - 30)**
6. **OVERVIEW OF VISION 2018**

To receive a presentation by the Strategic Director of Families and Wellbeing.
7. **CHILDREN'S CENTRES/EARLY YEARS PROVISION (Pages 31 - 32)**
8. **FAMILIES AND WELLBEING DEPARTMENTAL PLAN (Pages 33 - 70)**
9. **FAMILIES AND WELLBEING DASHBOARD (INCLUDING PUBLIC HEALTH) (Pages 71 - 92)**
10. **FINANCIAL MONITORING (Pages 93 - 102)**
11. **WORK PROGRAMME (Pages 103 - 108)**

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

Monday, 2 February 2015

Present: Councillor M McLaughlin (Chair)

Councillors D Roberts W Clements
P Brightmore B Berry
T Johnson P Hayes
T Norbury M Hornby
W Smith C Povall
C Spriggs A Brighthouse
J Williamson P Cleary

Also Present:

Mr Simon Gilby, Wirral NHS Community Trust
Ms Suzanne Edwards, Cheshire and Wirral Partnership Trust
Mr Anthony Hassall, Wirral University Teaching Hospital

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

No declarations of interest were received.

37 **MINUTES**

RESOLVED:

That the Minutes of the Families and Wellbeing Policy and Performance Committee held on 2 December 2014 be approved.

38 **MINUTES OF ATTAINMENT SUB COMMITTEE - 10 DECEMBER 2014**

RESOLVED:

That the Minutes of the meeting of the Attainment Sub-Committee held on 10 December 2014 be noted.

39 **REPORT OF THE CHAIR FROM MEETINGS OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 19 NOVEMBER 2014 AND 11 DECEMBER 2014**

The Chair of the Health and Care Performance Panel introduced the report which provided feedback on the key issues arising from the meetings held on 19 November 2014 and 11 December 2014.

RESOLVED:

That the report of the meetings of the Health and Care Performance Panel held on 19 November 2014 and 11 December 2014 be noted.

40 **SEXUAL HEALTH SERVICE - PROPOSAL FOR SERVICE CHANGE**

The Committee considered the report of the Wirral Community Trust informing of the consultation on the proposed change to the service delivery for the sexual health service.

Mr Neil Perris, Divisional Manager, Lifestyle Services, and Ms Toni Gleave, Service Lead, Sexual Health Wirral, Wirral Community Trust introduced the report which highlighted the rationale for the clinical review indicating that the service had identified a number of issues at Birkenhead Medical Building (BMB) and Moreton which had a detrimental impact on patient experience and the quality of the service offered. These issues related to room availability, IT connectivity, the set up and take down of clinics, waiting room, levels of patient activity and the clinic environment. These were detailed in appendix A to the report.

The report concluded by setting out the recommendations for the proposed changes.

Mr Perris indicated that as high percentages of patients indicated that they attended Moreton and BMB based on day/time of operating, it was recommended that both BMB and Moreton clinic services be transferred to alternative venues within Sexual Health Wirral (SHW) in April 2015. To ensure clinic capacity was not reduced in the overall timetable a clinic within St Catherine's Health Centre would be initiated on a Wednesday evening. Opening hours of the Arroe Park clinic which took place every Friday would also be extended. Both venues offered higher quality facilities including facilities to conduct cryotherapy and microscopy which were not available in spoke clinics.

It was reported that proposing closures in April 2015 allowed a period of patient engagement to take place to ensure that regular users of both clinics were aware of all planned changes. This would also allow for a comprehensive communication and marketing strategy to be put in place

making use of media and social media to communicate with the local community and local stakeholders.

Both changes would be implemented concurrently moderating any upheaval to service users. The SHW timetable would be subject to one change and then circulated widely to all local stakeholders (including GPs, Children's Centres, pharmacies, local colleges, school nurses etc). Information would be placed in the GP bulletin and be placed on Staffzone (Wirral Community Trust intranet).

It was reported that the website would remain fully updated along with Facebook pages and Twitter account. Adverts and information in local newspapers would also be utilised.

Staff currently working in these clinics would be relocated to other clinics within SHW with a focus on particularly busy clinics which would reduce patient waiting times and improve the patient experience.

Increases to the outreach element of the service would continue and staff from Livewell would continue to be trained to ensure that patients were offered sexual health information and some limited interventions during one to one consultations and outreach events, particularly with hard to reach groups.

In response to a member, Ms Gleave indicated that research had shown that there had been an increase in the number of patients 40-46 year age bracket presented with an STI over the past few years. Under the new arrangements, patients would be seen in a much more appropriate environment for e.g. GP surgeries and separate waiting areas.

RESOLVED: That

- (1) the report be noted; and**
- (2) Mr Perris and Ms Gleave be thanked for their informative report and presentation.**

41 **WIRRAL UNIVERSITY TEACHING HOSPITAL - UPDATE**

The Committee considered three update reports from Wirral University Teaching Hospital (WUTH) in relation to their:

- Cost Improvement Plan
- Compliance with the 4 Hour Standard (A&E Target)
- Financial Position up to November 2014

Mr Anthony Hassall, Director of Strategic and Organisational Development introduced the reports and indicated that in relation to the financial position up to December 2014 the WUTH was reporting a deficit of £5.2 million; the planned end of year deficit was £4.2 million. Mr Hassall indicated that although the Hospital was currently “off plan”, the Cost Improvement Plan measure would improve this. Mr Hassall explained that over 80% of NHS organisations had reported a deficit; this was due to the increase in demand.

Mr Hassall reiterated that the Trust was working alongside their partners to ensure that the hospital was maximising its efficiency and savings whilst ensuring it delivered a high standard of excellent care with patient safety a priority. All measures and savings schemes implemented were rigorously tested to ensure there was no risk to either quality or patient safety.

In relation to A& E targets, Mr Hassall explained that the Trust were working alongside partners and met regularly with members of the Urgent Care Network to discuss the issue and gain a better understanding of Urgent Care.

There had been nation-wide press coverage of the A&E pressures which had been heightened during the Christmas and New Year period. Mr Hassall reported a quarter three performance position of 92.24% against the 95% standard. The hospital’s priority was to deliver a safe and high quality care, and where possible manage patient’s conditions within the community to ease the pressure on the A&E service.

In response to a Member, Mr Hassall indicated that the variation in year often related to receipt of grants relating to education i.e. training of junior clinicians throughout the year.

In response to a Member’s question in relation to the future of A& E at Arrowe Park, Mr Hassall indicated that the Board were very clear that it was critical that Arrowe Park needed to deliver an A&E service. WUTH had made significant investment in staffing to help deliver a high quality service. This year and last year WUTH had improved the infrastructure through investment.

Mr Hassall reiterated the need for a strategy for Urgent Care to identify best use of resources and services such as GPs and community based services.

In response to a Member, Mr Hassall indicated that consultation was on-going in relation to staff restructuring.

The Chair thanked Mr Hassall for his attendance and requested that a quarterly update and a report from the Ambulance Service on their performance targets be brought back to a future meeting of the Committee.

RESOLVED: That

- (1) Mr Hassall be thanked for his attendance and update reports; and**
- (2) Wirral University Teaching Hospital be requested to provide a quarterly progress report to a future meeting of the Committee and the North West Ambulance Service be requested to provide a performance report to the next meeting of the Committee.**

42 **CLATTERBRIDGE CANCER CENTRE RE-ORGANISATION PROPOSALS - OUTCOMES OF THE JOINT CHESHIRE AND MERSEYSIDE SCRUTINY REVIEW**

The Chair introduced a report providing an update regarding the outcomes of the joint scrutiny review on the proposed changes to provision of services by Clatterbridge Cancer Centre NHS Foundation Trust and reiterated that the vast majority of Wirral cases over 90% of patients would remain to be treated at Clatterbridge, the Review Panel had met with a wide number of stakeholders and had concluded that the proposals would provide an enhanced service for patients.

Concerns around transportation and travel access to services for patients had been raised but had not yet been addressed. Relocation of staff was also cited as an outstanding issue.

A Member, also a Member of the Panel indicated that the Panel had worked collectively towards ensuring that all residents were catered for. Issues were raised in relation to travel and plans were in place; these would be finalised once the Royal Liverpool University Hospital re-build was complete.

The Chair indicated that Members of the Panel had raised initial concerns regarding the Contractors, but they had come to meet with the Members explaining in detail their roles within the project, the Committee were then reassured.

The report highlighted the conclusions of the joint Committee, one of the motions agreed were to support the establishment of a discretionary scrutiny committee to oversee the delivery of the new build project in Liverpool and refurbishment of the Wirral site.

The Chair proposed that the Members from the Joint Scrutiny Committee remain Members for the discretionary committee.

RESOLVED: That

- (1) the decision of the Joint Committee to support the proposed future model of cancer services for Cheshire and Merseyside, including the new site adjacent to the Royal Liverpool Teaching Hospital be noted;**
- (2) the Committee supports, in principle, Wirral Borough Council participating in a discretionary Joint Committee to maintain a scrutiny and oversight role during the lifetime of the project; and**
- (3) the Committee nominates the Chair and the Spokesperson of the largest Opposition Group to be Wirral's two nominations on the Discretionary Joint Committee.**

43 COMMISSIONING COMMUNITY SERVICES, MANAGING THE MARKET AND REDUCING RELIANCE ON RESIDENTIAL AND NURSING CARE SERVICES

The Committee considered the report of the Director of Adult Social Services informing of the commissioning of community services, managing the market and reducing the reliance on residential and nursing care services.

In response to Members, Ms Evans indicated that in relation to the Extra Care Housing Initiative, two capital bids were received for 100 units in Pensby and the 2nd round bid in Wirral was submitted for extra care provision; all units had been designed to be dementia friendly and suitable for those with learning difficulties and with appropriate facilities to ensure they were accessible to all.

Ms Evans reiterated that there will be a range of day services available for all abilities, and the Department was committed to investing in day services.

The Chair suggested that a task and finish group be established to undertake a review of this piece of work. She hoped that the scoping of the review would be concluded before March but the majority of the evidence gathering would take place in the new municipal year.

RESOLVED: That

- (1) progress in relation to performance against the important indicator be noted; and**
- (2) the extent of significant market improvements that have been driven through strategic commissioning activity be noted; and**

- (3) a task and finish group be established to review the commissioning of community services.**

44 **LEISURE REVIEW - PROGRESS UPDATE**

The Committee considered the report of the Strategic Director, Families and Wellbeing providing an update on the progress of the first year of the two year Leisure review and modernisation programme.

Progress had been made across all 'workstreams' including; reducing operating costs to save over £340k, restructuring programming and pricing to deliver increased income which had to date achieved an additional £200k increase above budget; an alternative provider for the beach lifeguard service had also been successfully procured. Market testing of the Golf offer had been undertaken along with a detailed review of operating arrangements and costs, and over £2 million capital had been invested to increase and improve the leisure offer at 2 key Leisure Centres and modernise other areas.

The target operating saving for Year 1 was £1m. Currently the service was expected to see some slippage on the target by £260k owing to delays in implementing a number of key changes.

The service would be moving into Year 2 of the programme from April and plans were in place to enable the challenging target to be delivered which included; further modernisation of operating arrangements, development of the Marine Lake operations and the review of the Golf offer.

In response to questions from a Member, Mr Damian Walsh, Head of Sport and Recreation, indicated that in relation to Workstream 2 the department was working closely with HR and with HR Policies to reduce the sickness reported figures. Sickness monitoring was being undertaken on a month by month basis and appropriate action had been taken with support from HR and their staff programmes. The Department along with Occupational Health was working with those who were receiving hospital treatment to support those members of staff in returning to work where appropriate.

In relation to Workstream 3 – Pricing and Programming, Mr Walsh indicated that usage had an impact on income, however it was too early to say if the introduction of the new pricing structure had been successful as historically with New Year resolutions gyms normally would see a rise in activity. Mr Walsh extended an invitation to Members to visit and view the work being undertaken at Guinea Gap Baths, it was expected that this refurbishment would increase income and therefore help to reduce the deficit.

In relation to Workstream 4 – Golf, the Strategic Director, Families and Wellbeing indicated that a review was currently being undertaken on the

operations of each golf course and officers would come back with revised options for the future of the Council's Golf provision.

RESOLVED:

That the report be noted.

45 **ANTI-SOCIAL BEHAVIOUR WITH AN EMPHASIS ON YOUTH**

The Committee considered the report of the Director of Children's Services outlining the current youth provision, focusing on anti-social behaviour (ASB) and highlighting the relationship between anti-social behaviour (ASB) and youth. The report gave a focus to the general approach for collaborative working and specific consideration to youth anti-social behaviour.

In response to a question raised by a Member, Ms Gornik, Head of Targeted Services indicated that collaborative working would bring teams closer together; currently the anti-social behaviour team came under the remit of the Youth Offending Team.

In relation to anti-social behaviour, the Director of Children's Services indicated that she was the Director currently responsible for the anti-social behaviour team, however, consultation and a review was to be undertaken, ending in March as to the anti-social behaviour team becoming part of Community Safety. In response, the Chair asked that a report on this be brought back to a future committee following the outcome of the review.

RESOLVED: That

- (1) the report be noted; and**
- (2) the outcome of the review in relation to the anti-social behaviour team be reported to a future meeting of the Committee.**

46 **CHILD POVERTY STRATEGY**

The Committee considered the report of the Children's Services Director updating on the progress being made on implementing Wirral's Child and Family Poverty Strategy, making particular reference to two strands of activity that contributed to improved outcomes for children and families, which were now starting to be evidenced.

The report highlighted the current priorities for the strategy, provided an update on the Leasowe and Woodchurch Community Hubs; the Birkenhead Foundation Years Trust Project and its activities and future developments and future actions.

In response to a Members comment, the Director of Children's services indicated that although families were experiencing financial hardship, it was hard to evidence as to whether the introduction of Government Policies were having a cumulative impact on child poverty.

In response to a Member, Ms Deborah Gornik, Head of Targeted Services indicated that one of the key objectives for the department was school readiness; there was a huge focus on this in the Borough, currently there was a good take up of the 3 and 4 year old offers; focus was now on enhancing the 2 year offer and teasing out those families who do not take up the offer.

A Member congratulated Ms Mellor and the Director of Children's Services on the success of the projects in Leasowe and Woodchurch and indicated that it was essential that projects such as these were owned by the community.

In response to a Member, the Director of Children's Services indicated that the two schools split an allocation of £100,000 from the initial funding and both Holy Spirit and Fender schools would receive an allocation of £25,000 from public health, health outcomes fund agreed by Cabinet. Ms Hassall indicated that we now need to plan how we roll out this model to other primary schools in view of the positive impact on children and families. This will also be considered in the context of the commencement of School Traded Services.

RESOLVED:

The update report be noted.

47 FAMILIES AND WELLBEING DASHBOARD (INCLUDING PUBLIC HEALTH)

The Committee considered the report of the Strategic Director of Families and Wellbeing and the Director of Public Health which provided an update in relation to the 2014/15 performance of the Families and Wellbeing and Public Health Directorate against the delivery of their Directorate Plans for 2014/15 whilst also providing an update of current performance (as at 31st December 2014) against the 2014/15 Directorate Plan.

The report translated the priorities set out in the Directorate Plans into a coherent and measurable set of performance outcome measures and targets. Members were requested to consider the details of the report and highlight any issues.

The Directorate Plan 2014/15 Performance Report set out performance against 57 outcome measures for 2014/15, 30 were rated green, 5 were rated

amber and 5 were rated red whilst 17 were currently unrated. The 5 measures rated red had action plans which referred to:

- NHS Health Checks – Take Up
- Smoking Quitters (4 weeks)
- Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months
- Timeliness of Adoptions, within 12 months of decision date
- Average monthly bed days lost due to delayed transfers of care per 100,000

In relation to the take up of Health Checks, the Public Health Manager indicated that there had been a 43% increase on Quarter 2 and it was hoped that this target would be in 'amber' possibly 'green' by Quarter 4.

In relation to smoking quitters and E-Cigarettes, the Public Health Manager indicated that these had attracted very mixed views nationally as to whether or not these were actually helpful or harmful to smoking quitters. Performance was down across the country, the Department had asked for more evidence on this to see if they actually did aid smoking cessation. Meetings were also being held with Wirral Community Trust to see if there was a need to offer a different smoking cessation provision. The Public Health Manager indicated that there could be a possible re-commissioning of services, following an examination as to why they were not performing.

The Chief Executive of Wirral Community Trust commented that they were seeing a reduction in people accessing smoking cessation services, however there was a falling number of smokers in Wirral.

Members commented that this target may need to be revised as they felt this was an unrealistic target and despite the Council's best efforts it was consistently reporting 'red'

In relation to the timeliness of adoptions, The Director of Children's Services indicated that the Department was monitoring each child placed for adoption and was confident that an improvement in this indicator would be achievable by March 2015.

In relation to the indicator regarding the average monthly lost bed days due to delayed transfers of care per 100,000, the Head of Transformation, Adult Social Services Department, indicated that the weekend access to both intermediate care and transitional care beds has been put in place from December to facilitate weekend discharges. Alongside this the number of beds has also been increased by 22 to ensure quicker access to short stay beds. Daily monitoring of capacity is also in place.

Intermediate Care pathway redesign work had been recently completed with new simplified pathways and processes set to be briefed to staff by the end of January. It was envisaged that full implementation of seven day working would be achieved by April 2015 for priority teams such as Integrated Discharge Team, Care Arranging Team and Intermediate Care. 7 day working in Integrated Care Co-Ordination teams would be achieved by September 2015.

Specific delays were highlighted via a daily teleconference so that action could be taken to reduce delays and address any blockages; this was attended by staff from both the NHS and Social Care. Identification of a home of choice could sometimes be a contributing factor to lost bed days, to mitigate against this there had been some specific work carried out with staff to support families to reduce the time spent looking for their home of choice.

Wirral University Teaching Hospital was also looking to embed daily board rounds to ensure the discharge process could start as early as possible.

The Head of Transformation, Adult Social Services Department, indicated that the department was performing well and that the reported delays had come from not just from the department but also the NHS.

In response to a Members question regarding indicator 30 relating to rate of LAC children, the Director of Children's Services reported that the department were working on improving this; and there was a real focus on children's care plans and how they focus on achieving performance for children. There was also a re-design of the Social Work team which would be signed off this week; it was hoped that with the new teams in place better planning for Children in Care children could be put in place, however this would take some time to implement.

RESOLVED:

That the report be noted and officers be thanked for their updates.

48 **FINANCIAL MONITORING**

The Strategic Director for Families and Wellbeing presented the report of the Director of Resources, which set out financial monitoring information for Month 8 (November 2014), to ensure consistency across Policy and Performance Committees and provide sufficient detail for Members to scrutinise budget performance for the Directorate.

RESOLVED:

That the report be noted.

49 **WORK PROGRAMME**

The Chair highlighted that as the next meeting of the Committee scheduled for 20 April 2015 was due to be held during purdah, he proposed that the next meeting be brought forward and proposed that this meeting would now be held on 23 March 2015 at 6:00pm.

Resolved – That the next meeting of the Committee takes place on Monday 23 March 2015 at 6:00pm.

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE –

23RD MARCH 2015

HEALTH AND CARE PERFORMANCE PANEL – 1ST APRIL 2015

SUBJECT:	<i>FEEDBACK FROM THE MEETING OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 2ND FEBRUARY 2015</i>
REPORT OF:	<i>THE CHAIR OF THE PANEL (COUNCILLOR MOIRA MCLAUGHLIN)</i>

1.0 PURPOSE OF THE REPORT

This report provides feedback of the key issues arising from the meeting of the Health & Care Performance Panel held on 2nd February 2015.

2.0 ATTENDEES

Members:

Councillors Moira McLaughlin (Chair), Alan Brighthouse, Treena Johnson, Cherry Povall, Denise Roberts, Chris Spriggs

Other Attendees:

Lorna Quigley (Head of Quality and Performance, Wirral Clinical Commissioning Group)

Karen Prior (Wirral Healthwatch)

Clare Fish (Strategic Director, Families and Wellbeing, Wirral Borough Council)

Amanda Kelly (Senior Manager, Market Transformation and Contracts, Adult Social Services, Wirral Borough Council)

Alan Veitch (Scrutiny Support Officer, Wirral Borough Council)

Apologies:

Councillor Wendy Clements

3.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 11TH DECEMBER 2014

The notes from the previous meeting, held on 11th December 2014, were approved by members.

A member referred to the list of care homes in each ward which is due to be issued to the relevant ward members. This action is outstanding.

It was also agreed that a method of distributing the outcomes of CQC inspections of care homes to members would also be determined by officers.

It was confirmed that the Chair of the Panel had recently attended a meeting of the Quality and Safety Committee at Wirral University Teaching Hospital. The visit was very

useful and helps to strengthen the relationship between this Panel and the partner organisations.

North West Ambulance Service has been invited to attend the next meeting of the parent committee, the Families and Wellbeing Policy & Performance Committee on 23rd March 2015.

4.0 DOMICILIARY CARE

Amanda Kelly introduced a report which provided members with an overview of the domiciliary and reablement services provided by the Council. During 2013, a decision was taken to re-tender the services in order to achieve:

- A strategic shift to better support people at home and reduce reliance on bed based capacity.
- Further development of enablement, reablement and intermediate care services.
- Wirral – wide services; including those more rural areas which had traditionally been difficult to set up care packages in.
- Enhanced Domiciliary Support capacity and capability with a same-day responsiveness to new packages of support.
- The ability to mobilise support to people in crisis, including a mobile night's service.
- Fewer, zone based Providers charging contractually agreed fee rates in order to provide best value as well as to assist with quality monitoring and contract management.

The services enable older people, people with disabilities and people recovering from an illness or hospital stay, to stay living at home by supporting them with home-care and services that help them stay mobile. The contract award, agreed by Cabinet in November 2013, resulted in the number of providers reducing from in excess of 60 to 6. The tendering process enabled the Council to combat issues which had previously resulted in:

- a fragmented care market,
- poor responsiveness and quality, which can quickly result in bed-blocking
- recruitment and retention problems for care workers
- an over reliance on zero hours contracts.

Officers regard the re-tendered service as a great success as quality and responsiveness of the service have improved. In addition, all providers are paying the living wage to staff.

During discussion with members, a number of issues emerged:

- During the tender process, quality was the main driver. The outcomes of the process have included an improved quality of service, a faster response to calls and improved working conditions for staff.
- The reablement service is now receiving approximately 170 – 180 referrals per month, which represents a 50% increase.
- The Contract Management team monitors the service in two ways:
 - Service user's experience, including customer feedback, safeguarding incidents, complaints, and so on.
 - Sample monitoring. For example, there are tolerances regarding the consistency of carers. If more than six carers are used to visit a single client, the case will be flagged.

- An intention of the new contract was to encourage providers to move away from the use of zero hours contracts with staff. However, in practice, the providers have found it difficult to implement due to resistance from workers. Therefore, it is recognised that further action is required.
- The direction of travel is to move away from 15 minute visits. However, it is recognised that for a limited number of cases, for example, medication check, a 15 minute visit may be appropriate.
- The number of complaints received from service users has been very low. Further information was requested regarding the volume of complaints and recorded safeguarding incidents.
- There are a significant number of vacancies across the nursing and residential care home establishments in the borough. Due to the expansion of services such as reablement, people increasingly have the ability to stay at home for longer. This is a welcome direction of travel. The demand for residential care is, therefore, likely to decline, with the demand for nursing care remaining significant.
- The Friends and Family Test does not apply to the social care sector, although the providers of domiciliary care do ask for customer feedback which is returned direct to the Council.
- There is not a known issue regarding the turnover of staff among the providers nor is there a known issue relating to language barriers and ethnicity of staff.
- Members requested the opportunity to review an annual complaints report.

Conclusion:

Members thanked Amanda Kelly for the report and were pleased to receive such a positive report.

5.0 QUALITY FRAMEWORK AND PERFORMANCE MEASURES FOR THE HEALTH AND CARE SECTOR IN WIRRAL

As no new performance data was available since the previous report, this item was deferred until the next meeting on 1st April.

Lorna Quigley undertook to feed back any relevant information from meetings of the Quality Surveillance Group to meetings of this Panel.

6.0 HEALTH SCRUTINY TRAINING REQUIREMENTS FOR MEMBERS

Members will be aware that during 2013, a scrutiny review entitled 'The implications of the Francis Report for Wirral' was undertaken by a panel of Elected Members. The recommendations of the panel members were subsequently approved by the Families and Wellbeing Policy & Performance Committee on 28th January 2014 and by Cabinet on 13th March 2014.

One of the themes pursued by the panel members was to put in place steps to improve the effectiveness of health scrutiny. A recommendation from the scrutiny review was:

Recommendation 17 – Health scrutiny training

The Head of Policy & Performance / Director of Public Health is requested to ensure that members feel that they have adequate skills and training to undertake their health scrutiny role effectively.

Clearly, members are able to fulfil their scrutiny role most effectively when they have received suitable training and their knowledge base enables them to ask the appropriate questions at meetings. This is of particular importance in health scrutiny when new members may initially find the subject matter difficult to understand, with the NHS landscape being complex.

Although this issue has been discussed by the Chair and Spokespersons of the Families and Wellbeing Policy & Performance Committee, Alan Veitch introduced a briefing paper which gave members of the Health & Care Performance Panel an opportunity to reflect on the member training that has already been available and also suggest additions for the future.

Members made the following comments:

- The training session for scrutiny members held last year relating to performance reporting was well received by members. It was suggested that a similar session be arranged at the start of the next municipal year, perhaps in conjunction with a session helping members to understand health-related performance data, for example, mortality data.
- Further information regarding integration of health with social care, Vision 2018 and the Better Care Fund would be helpful. It was proposed that a Spotlight session to cover this topic should be held early in the 2015/16 municipal year.
- Mapping of the different committees to show remits and reporting lines was suggested.
- Karen Prior offered to arrange 'Enter and View' training for any interested members. (Local Healthwatch have a power to 'Enter and View' health and social care providers to observe matters relating to the services provided).

7.0 QUALITY ACCOUNTS PROCESS FOR 2015

Alan Veitch presented a briefing paper relating to Quality Accounts and the proposed activity to enable members to input comments during the 2015 process. Providers of NHS healthcare services in England are required to publish an annual Quality Account. Overview and Scrutiny Committees responsible for health scrutiny are given the opportunity to comment on local Health Trusts' draft Quality Accounts, prior to publication of the final document. However, there is a limited timescale in which to review the draft reports provided by the local health partners and respond with comments. Typically the draft Quality Accounts will be available towards the end of April and responses must be sent within 30 days as the final versions must be lodged with the Department of Health before 30th June.

It is proposed that a session be arranged during week commencing 11th May for members to review the draft Quality Accounts with relevant officers from each of the following local partners:

- Wirral Community Trust;
- Wirral University Teaching Hospital Foundation Trust;
- Clatterbridge Cancer Centre NHS Foundation Trust;
- Cheshire & Wirral Partnership NHS Foundation Trust;
- North West Ambulance Service

Members authorised officers, in consultation with the Chair and Spokespersons, to make the necessary arrangements for scrutiny of the draft Quality Accounts to take place.

8.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL

It was proposed that two future meetings of the Panel be arranged:

- Wednesday 1st April - An update from WUTH regarding progress towards implementing the Action Plan in response to the recent CQC report
- Week commencing 11th May – a session to review the draft Quality Accounts provided by the local health partners.

9.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING

The following actions arose from the meeting:

1. Amanda Kelly agreed to send a list of care homes in each ward to the relevant ward members (outstanding from a previous meeting).
2. Amanda Kelly / Alan Veitch to determine a method of distributing the outcomes of CQC inspections of care homes to members.
3. Alan Veitch to ensure that a social care complaints report (to include domiciliary care) be included on the work programme for the Panel.
4. Lorna Quigley undertook to feed back any relevant information from meetings of the Quality Surveillance Group to meetings of this Panel.
5. Alan Veitch to ensure that a training session for scrutiny members relating to performance reporting, including health-related data be included on the work programme for the 2015/16 municipal year.
6. Alan Veitch to ensure that a Spotlight session regarding integration of health with social care, Vision 2018 and the Better Care Fund be included on the work programme for the 2015/16 municipal year.
7. Alan Veitch to establish whether any Panel members require training relating to 'Enter and View'. The training has been offered by Karen Prior (Wirral Healthwatch).

10.0 RECOMMENDATIONS FOR APPROVAL BY THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

Members are requested to authorise the Chair of the Committee, in consultation with the Spokespersons, to finalise the responses to the draft Quality Accounts.

REPORT AUTHOR: Alan Veitch
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Presentation to Wirral Council's Families and Wellbeing Policy & Performance Committee

Dave Kitchin and Julie Treharne

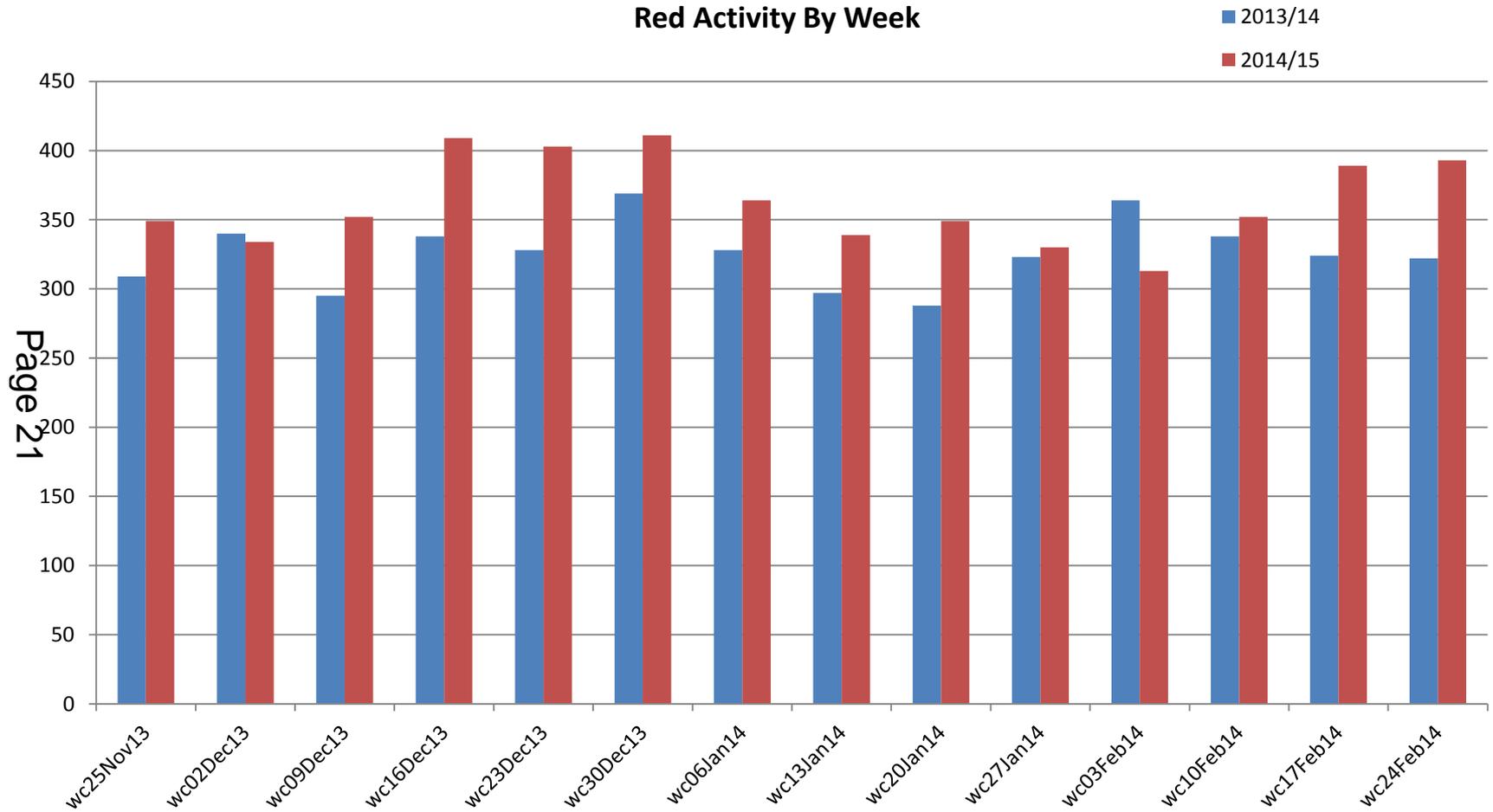


Performance Standards for 999

- All calls prioritised to determine appropriate level of response
- **Red calls** - immediately life threatening, eg cardiac arrests, breathing difficulties
- **75% of these calls within 8 minutes and 95% of these calls within 19 minutes.**
- **Green calls** - less serious, and are not immediately life threatening. No national targets set, we endeavor to respond as follows:
 - **Green 1 20 minutes**
 - **Green 2 30 minutes**
 - **Green 3 3 Hours**
 - **Green 4 4 hours**

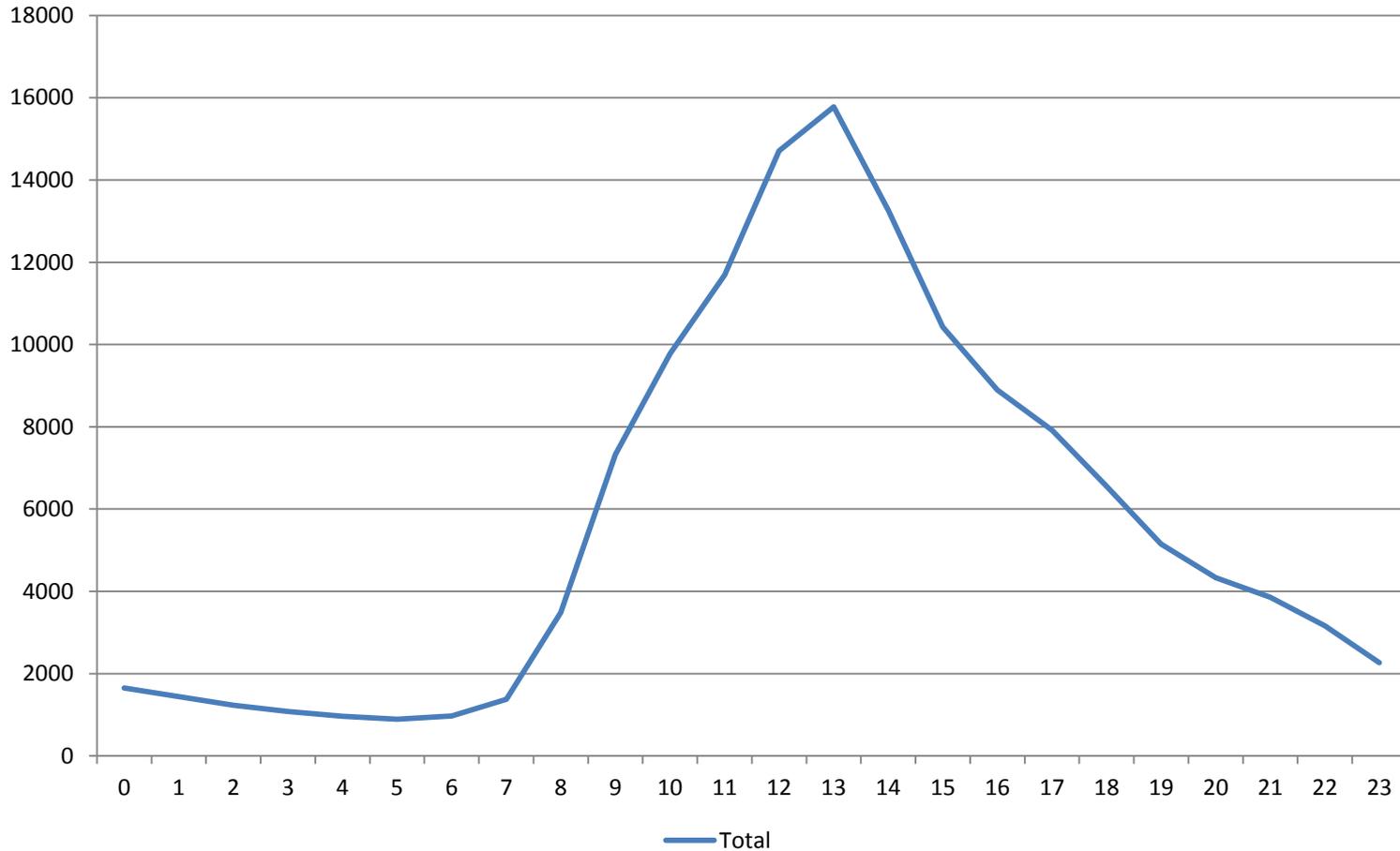
Wirral Red Activity 2013/14 vs 2014/15

Red Activity By Week



Healthcare Professional Activity by hour

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Top Five Calls

Excluding HCP &
NHS 111 calls

Falls

Breathing
Problems

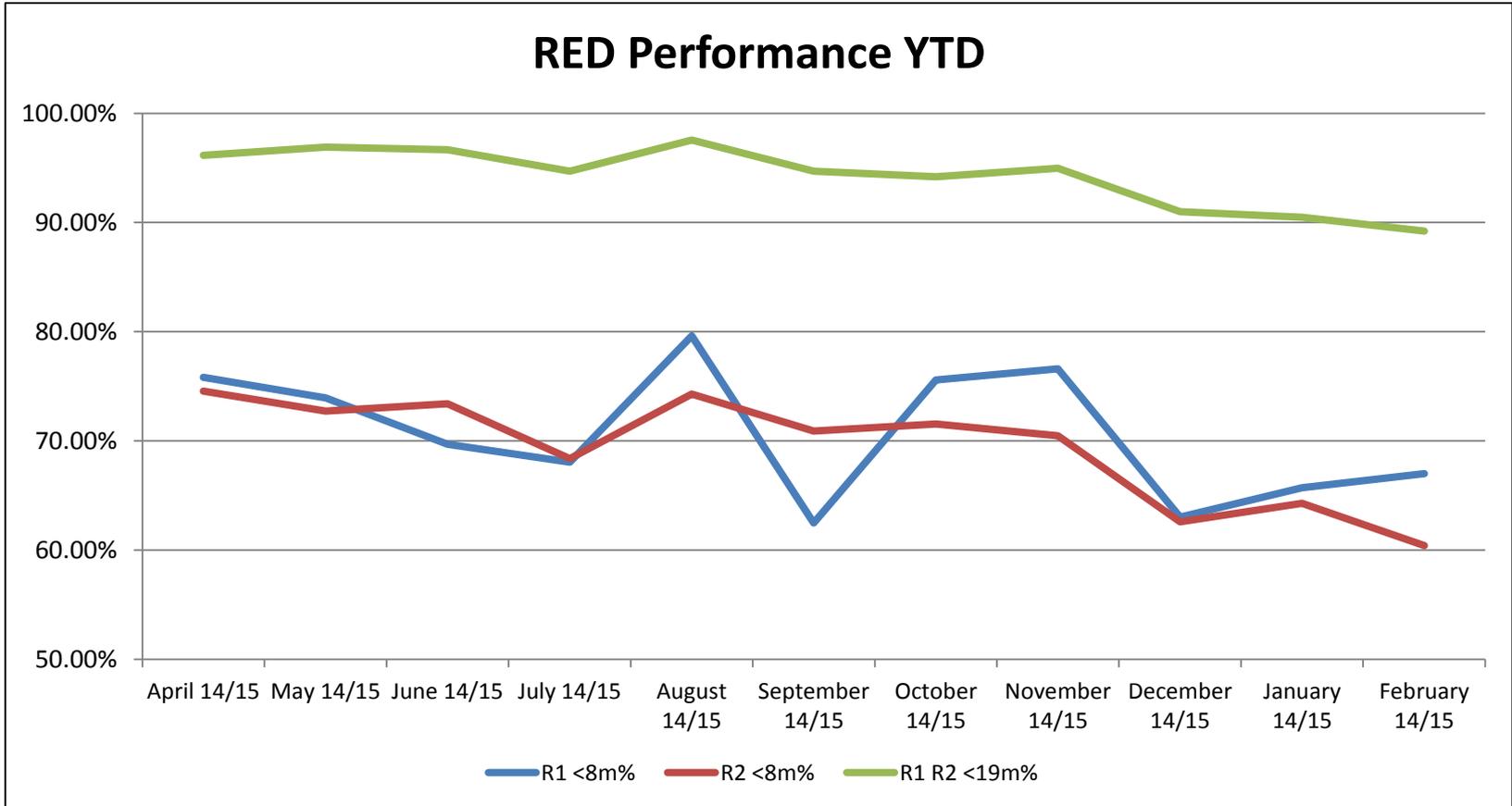
Chest
Pains

Unconscious /
Fainting

Sick
Person

Wirral Performance

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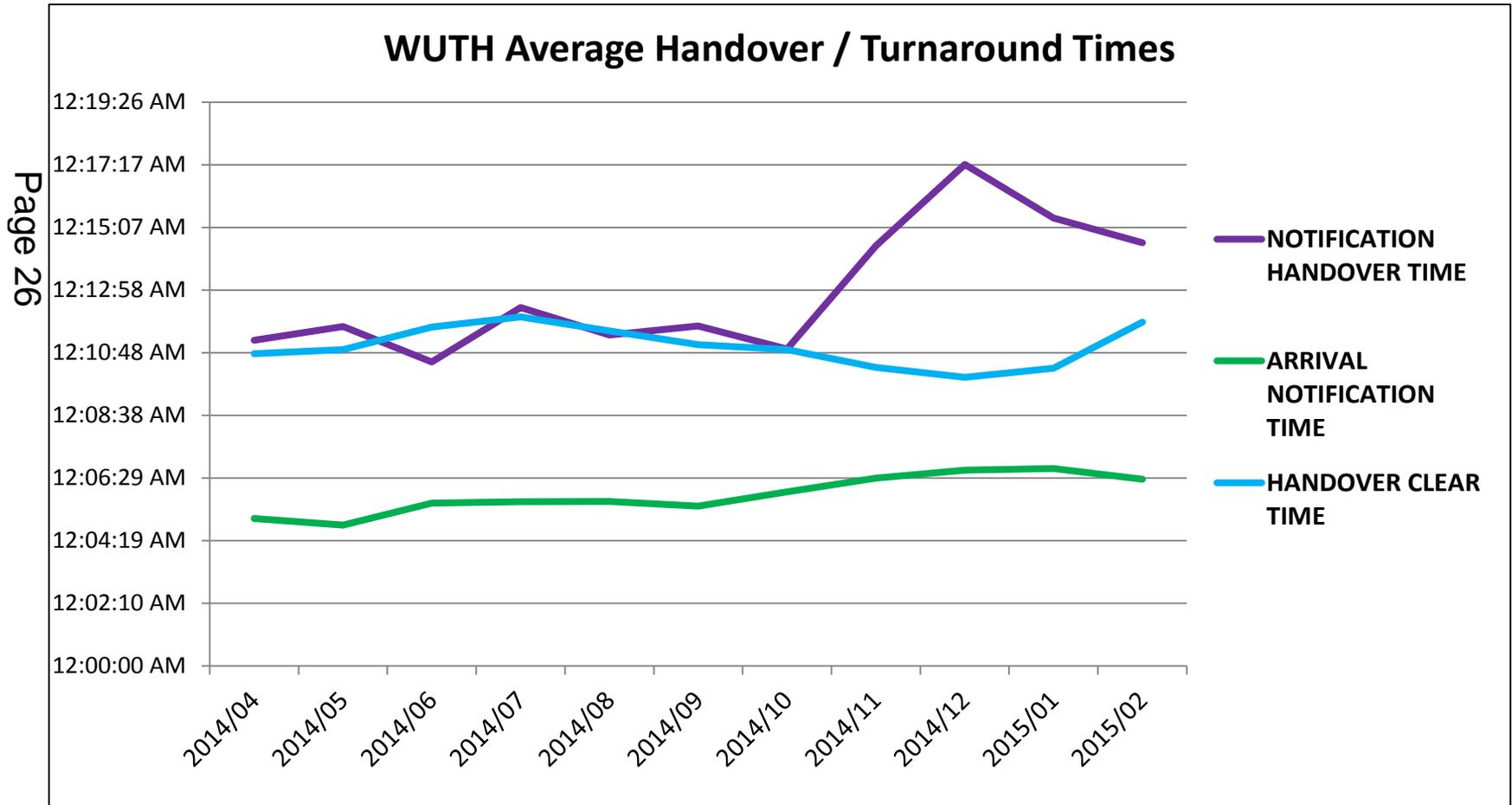


Wirral Demand By Category of Call

Indicator	2013/14	2014/15	Difference from last year	% change
Emergency Calls	46004	49471	3467	7.5%
Incidents With Responses	38124	38578	454	1.2%
Red Response	14727	16216	1489	10.1%
R1 Resp	1144	1181	37	3.2%
R2 Resp	13583	15035	1452	10.7%
G1 Resp	2478	2141	-337	-13.6%
G2 Resp	9338	10048	710	7.6%
G3 Resp	3463	3911	448	12.9%
G4 Resp	8118	6262	-1856	-22.9%

Wirral University Teaching Hospital NHS Trust

Hospital Arrival Screen Information



Families and Wellbeing Policy and Performance Committee	
Agenda Item	
Title of Report	Financial Governance Update and Monitor Investigation
Date of Meeting	23 rd March 2015
Author	David Allison, Chief Executive

1. Introduction

As requested by members', this report provides the Committee with the following:

- The reasons why Monitor have opened the financial investigation at this time
- An update outlining the work undertaken by the Trust since the closure of the previous investigation
- The next steps in the investigation process

2. Monitor Investigation

Monitor is investigating the Trust for a potential breach of its provider licence following financial governance concerns arising from the Trust reporting a Continuity of Service Risk Rating of 2 and a lower than planned Q3 surplus. Monitor recognised that the Trust has mitigations in place to allow delivery of its year end planned position; although there were risks associated with these. They were also concerned however over the medium term financial sustainability of the Trust.

The Trust has also failed to meet the A & E 4 hour wait target in Q3 for the fourth consecutive quarter. Having taken into account the Trust's action in response to the A & E target performance, they will not be formally investigating this as part of the investigation. A & E performance will instead be considered through existing local escalation channels and/or Regional Tripartite escalation, as required.

3. Financial Governance Update

The Board of Directors has continually improved its financial governance processes since Monitor closed the Financial Investigation in February 2014. The closure of the investigation was predicated on the Trust commissioning an externally facilitated Financial Governance and Reporting Review.

In recognising the financial pressures the Trust was facing it also, through its own volition, commissioned a review of its cash management processes, this review identified a range of potential opportunities, which the Trust has since actioned with

significant impact culminating in a cash balance of £15m at the end of Q3, some £11.7m above plan.

As the Board continues to establish and deliver plans to stabilise the financial position in year and for future financial periods (2014/15 and 2015/16) it continued to recognise significant future financial challenges and the Board of Directors had determined that an externally facilitated Transformational Turnaround process, to address financial shortfalls in 2014/15 and strengthen future planning and delivery should be undertaken.

In June 2014, the Board of Directors commissioned, in discussion with Monitor, the following commissioned packages of support:

- KPMG to deliver both the Financial Governance and Reporting Review and
- Atkins/FTI to deliver the Transformational Turnaround Project

The activities undertaken by the Trust, supported by Atkins/FTI in year, have supported in year Cost Improvement Programme CIP achievement of £9.5M meeting the requirements for £13M on a full year basis into 15/16. To ensure that the momentum achieved in year was maintained through to the year end and into the 15/16 planning process the Board of Directors further identified that the support of an experienced senior Turnaround Advisor and Turnaround Director would be beneficial in the development of a longer term and economy based recovery plan and engaged the services of Mr Terry Watson and those of his recommended Turnaround Director Mr Phil Tydeman as he concluded his most recent assignment at South Manchester University Hospitals NHS FT.

The Trust continues delivery and development of the financial recovery plan and despite significant levels of non-elective demand during 2014 and into 2015 has at the end of Quarter 3 forecast a year end deficit of between £4.5M and £5.5M; the lower range being £0.3M worse than plan. The higher end of the range took into account the risks associated with further delays to the sale of Springview and cost reduction programmes which have been delayed as capacity to meet urgent care pressures has been maintained above planned levels of care through the winter periods.

The Board of Directors undertook a thorough analysis of the financial position at the meeting in January 2015 considering the current levels of performance and run rates, the current operational pressures, potential risks to the position in the final quarter specifically with reference to CIP delivery of schemes due to start in the final quarter and the proposed year end contractual agreement to abate income risks in the final three months of the financial year. The discussions built on those held within the Finance Committee the preceding week and were led by the Director of Finance and supported by the Non-Executive Chair of that Committee to ensure that each and every member of the Board was in a position to make an informed judgement about the final forecast position based upon impacts of operational pressures and risks and variation in the final quarter given the performance to month 9.

As at Month 10 the Trust had a cumulative deficit of £4,930k having achieved an in-month surplus of £286k as planned. The sale of Springview has also now completed

as of 09 March 2015 and will therefore further contribute favourably to the Trust's financial out-turn position, which is now forecast to be no more than a deficit of £4.8M.

Through the actions considered and implemented through the financial year the Trust has seen greater stability in its financial position and forecasting, has greater visibility on risks and mitigations within the financial position and has supplemented delivery and planning with external support where necessary to ensure, in an increasingly challenging and unstable planning environment, that it can garner appropriate assurances with regards to delivery of a financial out-turn achieving a Continuity of Services rating of 2 as planned at the outset of the year, albeit with a marginal variance to the planned bottom line deficit plan.

The Trust continues to develop a full and granular turnaround plan to underpin its 2015/16 annual planning submission with the Board fully appraised of its development and fully sighted on all elements of the planning process to gather appropriate assurances as to delivery in the coming periods.

To address the longer term issues regarding sustainability of health and social care services, the Trust has been developing with partners a bid, in response to NHS England's challenge, to become one of a handful of "vanguard" sites across the country who will trail blaze new ways of providing more joined-up, personal care for patients and increase efficiency.

NHS England announced on 10 March 2015 that the bid had been successful resulting in Wirral Partners becoming one of the 29 "vanguard" sites and therefore part of the £200m transformation fund.

From April 2015, the national NHS will work with the piloting sites to develop dedicated support packages to enable and accelerate change, and an intensive evaluation programme will seek evidence on what works so this can be spread to other parts of the country.

This new beginning for health and social care services will give GPs and hospital clinicians in Wirral the opportunity to work much more closely together by strengthening primary and 'out of hospital' care.

4. Next Steps

As part of the investigation process, Monitor has asked the Trust to provide them further information to enable them to determine whether further action is required. The Trust is scheduled to return this information by the 23rd March 2015.

Part of the investigation process also includes a meeting between attendees from the Board of Directors of the Trust and Monitor's Investigation Team. The date of this meeting is still to be determined.

Once Monitor has concluded its investigation it will determine what, if any, regulatory action is appropriate.

WIRRAL BOROUGH COUNCIL

Briefing Note	
Title:	Early Years and Children's Centres
Date:	23.03.2015
To:	Policy and Performance Committee
Contact:	Julia Hassall

Executive Summary

This report will summarise the rationale for change for the early years and children's centre service that is currently progressing through a review.

It will also serve as an opening to invite additional scrutiny against pending decisions (following public consultation) for the service and as changes to the current delivery model are implemented.

Rationale for Change

There are a number of considerations pertinent to the rationale for change against for the early years and children's centre service; these can be summarised as:

- A review of the service has not been undertaken since the roll out and implementation of children's centres (circa 2002).
- Whilst there are savings this has not been the only driver in the process.
- Previous changes have been managed internally and have resulted in some disparity across the service, this further reinforces the need for a whole service review
- The service has not reflected national developments well enough, in particular changes to statutory guidance (2013).
- A presumption of no closure has been a focus throughout the review; however it is anticipated that children's centres will be used differently and will depend more heavily on a collaborative delivery model.

National Context

It is important to approach our position in the context of issues facing early years nationally. The HMCI Early Years Sector Report (2012/13 – issued in April 2014) noted that: there is ongoing debate (nationally) about the purpose of children's centres: The report goes on to cite that '*recent inspections of children's centres have found a sector that is characterised by turbulence and volatility*'

The amount of available funding for early years has reduced, and ring-fenced arrangements and former grant monies no longer exist; despite this there remains a statutory duty on local authorities to deliver sufficient children's centres (Childcare Act 2006)

The Ambition and Aspiration of the Review

The overarching approach and purpose of the review has been to ensure that the resultant services on offer and the providers of those services, for our youngest children and their families, remain not only fit for purpose but progressive.

Integral to the ethos is how we target a future offer as a fundamental component of the wider early help approach.

It has reflected available and current research and will make explicit evidence based practice, and practice that is influenced by evidence and research

It has considered statutory partnership requirements and the wider stakeholder offer that are interdependent to making the wider offer effective and efficient. The review is keen to realise more robust arrangements going forward.

An overarching aspiration for the review is to realise an ambition that will ensure future delivery and approach is understood by service users, communities and professionals irrespective of who provides the service.

The review explored and made explicit, the long term view that early childhood and those services that impact on outcomes for children and families in the earliest years should be joined up.

Integration and collaboration is a key and prominent feature of the review recognising it as the most ambitious approach for increasing support and collectively improving outcomes for the most vulnerable young children and their families.

The review has placed a strong emphasis on outcomes for children and has detailed an outcomes framework to support an alignment of service delivery. This is consistent with regional developments but currently remains somewhat untested.

A further ambition is to continue to develop and position the multi-agency advisory boards (as leadership and governance) well, to ensure that the children's centres can effectively and efficiently carry out their required functions that rely heavily on partnership contributions and collaboration.

Conclusion

The review is aspirational and ambitious both in terms of achieving improving outcomes for children and families and in continuing to deliver sufficient children's centres across the Borough. However it is reflected that the review has been somewhat conservative recognising the need to consolidate its position and establish a delivery approach that can meet local need well, and take into account government guidance and the requirements of Ofsted.

It is anticipated that the outcome of the review will give direction and focus and provide a platform to shape strategic priorities of the local authority and its partners.

This will support a more viable position and is expected to ensure that a more resilient and robust service emerges that is well placed to influence the future agenda.

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

MONDAY 23RD MARCH 2015

SUBJECT:	2015-16 DIRECTORATE PLAN
WARD/S AFFECTED:	ALL
REPORT OF:	STRATEGIC DIRECTOR – FAMILIES & WELLBEING
RESPONSIBLE PORTFOLIO HOLDERS:	COUNCILLOR CHRIS MEADEN COUNCILLOR CHRIS JONES COUNCILLOR TONY SMITH
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The aim of this report is to present Policy and Performance Committee Members with the 2015-16 Families and Wellbeing Directorate Plan for consideration.
- 1.2 The directorate plan translates the priorities and activities set out in the Council's Corporate Plan into a coherent and measurable set of projects, performance measures and targets that will be delivered by the directorate during 2015-16.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Corporate Plan for 2013-2016 was agreed by Council on 5 March 2013 following extensive consultation with residents, partners and other stakeholders.
- 2.2 The Corporate Plan is the key policy document of the Council and as such provides a robust approach to the Council's business planning; ensuring that the Council's vision, priorities and spending decisions are based on sound evidence, thorough analysis and understanding of community needs.
- 2.3 The plan clearly articulates the ambition for the organisation and borough, and provides a framework for the development and implementation of directorate plans and subject to regular and robust monitoring.
- 2.4 The Corporate Plan is subject to an annual review to ensure that it remains valid and appropriate. An updated version of the Corporate Plan for 2015-16 was agreed by Council in December 2014 and is the basis for the development of the 2015-16 directorate plans.

2.5 The development of the directorate plan has been led by the Strategic Director for Families and Wellbeing, and approved by the appropriate portfolio holders. The plan identifies the activity that will be delivered in order to meet the Corporate Plan priorities, and includes appropriate measures of success that can be monitored and reported upon throughout the period of the plan. The plan also reflects the activities as defined in the Directorates 3 year improvement plan which was begun 18 months ago and recently reviewed and updated .

2.6 The plan will be subject to regular monitoring and review by the Families and Wellbeing directorate management team with regular reports presented to the portfolio holders. A quarterly report will be presented to the Policy & Performance Committee to consider and identify areas to review and scrutinise in more detail.

3.0 RELEVANT RISKS

3.1 The performance management framework policy is aligned to the risk management strategy. Relevant risks are contained with the directorate plans and will be subject to robust monitoring.

4.0 OTHER OPTIONS CONSIDERED

4.1 The Corporate Plan is the organisation's key policy document and drives the development of the directorate plans. Therefore no other options were considered.

5.0 CONSULTATION

5.1 The content of the Corporate Plan 2013-2016 was subject to extensive consultation with residents, partners, staff and other stakeholders throughout 2012. The Directorate Plans translate the Corporate Plan priorities and activities into directorate projects and performance measures.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 The Corporate Plan makes reference to working closely with voluntary, community and faith groups for the benefit of Wirral residents and communities and this partnership approach will continue to be a key priority for the Council.

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

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

8.0 LEGAL IMPLICATIONS

8.1 N/A

9.0 EQUALITIES IMPLICATIONS

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

Yes – an equalities impact assessment has been completed for the Council’s Corporate Plan

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

Equalities implications relating to the actions set out in the Directorate Plan will be addressed by departments as appropriate and subject to individual equality impact assessments.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 N/A

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 N/A

12.0 RECOMMENDATION/S

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

13.0 REASON/S FOR RECOMMENDATION/S

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

REPORT AUTHOR: Nancy Clarkson

APPENDICES

Appendix 1 – Families and Wellbeing Directorate Plan 2015-16

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

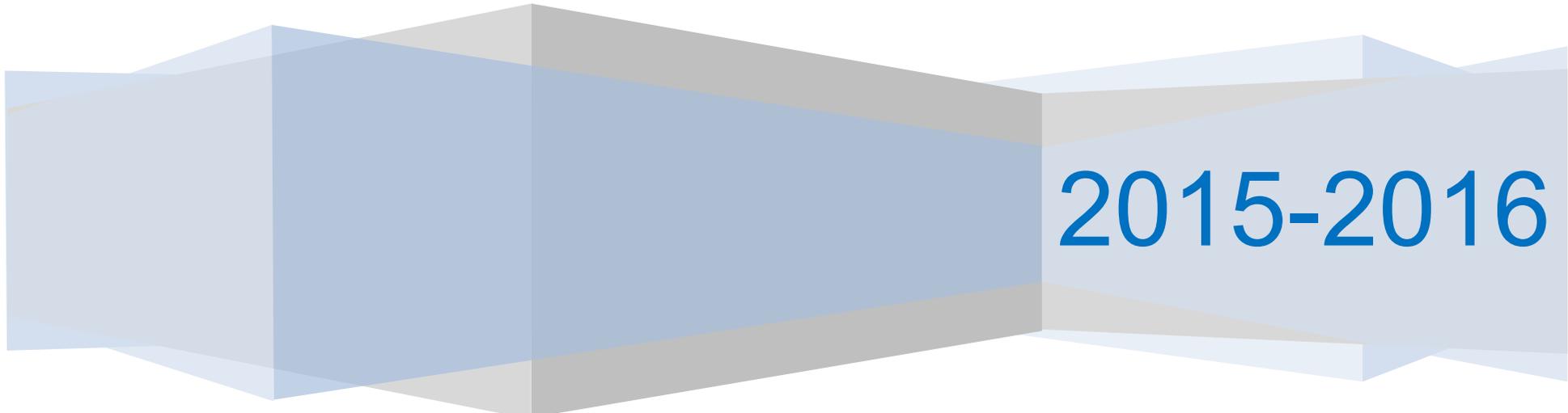
Council Meeting	Date
2015-16 Corporate plan - Council	December 2014

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Families and Wellbeing Directorate Plan

DRAFT 8 -Last Updated 6 March 2015

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2015-2016

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1.2 Strategic Director's Overview

1.3 Delivering Outcomes for Wirral – Key Projects

2. Financial Planning for 2015-16

2.1 Directorate Budget

2.2 Savings

3: Delivering our Objectives

3.1 Our Delivery Plan for 2015-16

4: Risk Register

Service Business Plan Template 2015-16

1. Corporate Plan Vision and Priorities

Our Vision:

“Wirral will be a place where the vulnerable are safe and protected, where employers want to invest and local businesses thrive, and where good health and an excellent quality of life is within the reach of everyone who lives here”

The Council priorities at the heart of the Corporate Plan vision are to tackle health inequalities, protect the vulnerable and drive growth and aspiration, and will be delivered through activities set out in key strategic plans including directorate plans, commissioning strategy and the medium term financial strategy.

The Council has also agreed the following themes for delivering its transformation and improvement programme:

- Delivering Differently
- Income and Efficiency
- Managing Demand
- Customer Contact

This plan will set out in more detail how the activities within the Corporate Plan will be delivered within this directorate and confirms the agreed resources required.

1.1 Strategic Director's Overview

The Families & Wellbeing Directorate consists of Children & Young People, Adult Services, Leisure and Public Health departments. Together the Directorate accounts for £163,934,000 spend which is 59% of the overall Council budget

The Directorate is half way through its improvement plan which has seen considerable progress made across all the four themes of Managing the Money, Delivering Differently, Working Together & Transforming the Business. This has seen improvements across all service areas which is demonstrating improving outcomes.

This Directorate plan is not only focusing on the ongoing priorities set out in the improvement plan but also reflects the very important role the Directorates services play in delivering the Council's priorities as set out in the corporate plan.

1.2 Delivering Outcomes for Wirral – Key Projects

Key Projects we deliver or contribute to

Projects contributing to Corporate Plan activity:

- Ensure robust safeguarding arrangements are in place for vulnerable children and adults
- Focus on our children and families, with partners, to ensure that children are ready for school; young people are ready for work and adult life and that children and young people feel safe and are safe.
- Transform our approach to Early Years and Children’s Centres delivery.
- Implement and embed our new model of delivery for children’s social care, with an emphasis on the child’s journey.
- Review and reposition the Council’s relationship with schools to ensure priorities are delivered, including closing the attainment gap.
- Create a community interest company with Cheshire West and Chester Council to deliver sustainable services to schools and ensure resources are used effectively.
- Launch and establish the local authority company for adult disability services
- Implement a new model for an all age disability service for children, young people and adults.
- Maximise the opportunities of the Better Care Fund by developing sustainable 7 day integrated community services, contributing to a reduction in demand in Acute care and improving outcomes for people.
- Implement and embed new models of working to meet the statutory requirements and new duties of the Care Act.
- Implement our health and social care integration plans with our health partners as part of the vision 2018 approach.
- Deliver the transformation programme for leisure services.
- Implement a new model for early intervention and prevention services to ensure along with our partners we manage demand efficiently and community based care effectively.
- Maximise the impact of our public health leadership role

Public Health Defined Additional Key Project:

- Maximise the impact of our public health leadership role.

Original Corporate Plan Projects for reference:

- Ensure that our safeguarding arrangements for vulnerable children and adults continue to strengthen.
- Focus on our children and families, with partners, to ensure that children are ready for school; young people are ready for work and adult life and that children and young people feel safe and are safe.
- Transform our approach to Early Years and Children's Centres delivery.
- Implement and embed our new model of delivery for children's social care, with an emphasis on the child's journey.
- Review and reposition the Council's relationship with schools to ensure priorities are delivered, including closing the attainment gap.
- Create a community interest company with Cheshire West and Chester Council to deliver sustainable services to schools and ensure resources are used effectively.
- Implement our proposals to establish a local authority trading company for adult disability services
- Implement a new model for an all age disability service for children, young people and adults.
- Maximise our opportunities, utilising Better Care Fund, to ensure sustainable and improved outcomes for older and disabled residents whilst also achieving greater value for money
- Review the assessment process for adult social care to embed the new Care Act responsibilities
- Implement our health and social care integration plans with our health partners as part of the vision 2018 approach.
- Continue to deliver our transformation programme for leisure services.
- Implement a new model for our early intervention and prevention services to ensure we manage demand efficiently and community based care effectively

2. Financial Planning 2015 - 2016

2.1 Directorate Budget			
Children's Services	2015/16 £'000	Joint Safeguarding	2015/16 £'000
Income	16,673	Income	113
Pay	33,858	Pay	1,692
Non-pay	44,120	Non-pay	207
Internal Recharges	6,990	Internal Recharges	
Growth	685	Growth	328
Total Net Budget	68,980	Total Net Budget	2,114
Adult Social Services	2015/16 £'000	Public Health	2015/16 £'000
Income	48,766	Income	32,320
Pay	23,134	Pay	2,007
Non-pay	83,610	Non-pay	30,208
Internal Recharges	8,449	Internal Recharges	105
Growth	1,879	Growth	0
Total Net Budget	68,306	Total Net Budget	
Leisure Services	2015/16 £'000	*The further development of commissioning arrangements with health partners in Wirral has led to the agreement of the Better Care Fund which will become operational from April 2015. This is a £33m pooled fund	
Income	7,567		
Pay	6,201		
Non-pay	1,816		
Internal Recharges	4,946		
Growth	0		
Total Net Budget	5,396		

*The above budget figures are provisional and may be subject to further change at year end.

2.2 Savings	
	2015/16 £'000
Children's Services	
Reduce LAC Commissioned Services	1950
Further CYP Efficiencies	400
Transport Policies	526
Children's Centres	1500
Troubled Families	800
Attendance Management (Education Social Workers)	150
School Improvement Services	430
Schools budget - PFI	2300
Careers Education, Information and Advice	100
Children's Commissioning	200
School Redundancy Costs	350
Review Commissioning Family Support	300
All Age Disability Service	600
Restructure Youth Offending Service	125
Savings on ASB Activity	60
Adult Social Services	2015/16 £'000
Day care and Day Services Transformation	500
Asset Based Approaches	750
Care for Older People	250
Day Services - Ensuring equity of provision	450
Reduction of Long Term Placements	500
Targeted Support through NHS Contracts	994
Promoting Independence	900
Extra care provision to avoid residential packages - Tranche 1	675
Extra care provision to avoid residential packages - Tranche 2	450

New IT System (Liquid Logic)	850
Supported Living: Contract Efficiency	230
Review appropriate adult support	10
Eliminate provider overpayments and introduce ECM	50
Grant funding to the voluntary, community and faith sector	115
Girtrell Court	385
Leisure Services	2015/16 £'000
Leisure Review	1000
West Kirby Marine Lake	25

3. Delivering our objectives

3.1 Our Delivery Plan for 2014-16

Corporate Plan Activity	Ensure robust safeguarding arrangements are in place for vulnerable children and adults		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
Strengthening families	To commission and implement a research based approach to strengthening families over 18 months	Quarterly	Simon Garner
Making Safeguarding Personal	To deliver a clear plan that develops the policies, procedures , training and support for staff to make safeguarding personal over 12 months	Quarterly	Simon Garner
Supporting the delivery of the agreed priorities of the Safeguarding Boards	Monitor the number of children becoming subject to child protection plans to ensure that the right children become subject to child protection plans at the right time.	Quarterly	Lisa Arthey
	Ensure there is leadership and support to the relevant sub groups of the Board to deliver the priorities	Quarterly	Simon Garner
Quality Assurance of safeguarding responses	To lead a programme of multi-agency audits and ensure there is learning from them	Quarterly	Simon Garner

Related Performance Indicators

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
CSC001	Rate of Referrals to Children's Social Care	600.0 (Q3)	575.0 (Set in 2014/15)	Monthly	Lisa Arthey
CSC003	Rate of Children in Need per 10,000	381.7 (Q3)	360.0 tbc (Eng 2013/14)	Monthly	Lisa Arthey
CSC004	Rate of Child Protection Plans per 10,000	29.3 (Q3)	36.0	Monthly	Lisa Arthey
CSC008	Rate of Looked After Children per 10,000	100.1 (Q3)	93.0	Monthly	Lisa Arthey

	Family Intervention Service engagement with families	New Measure 2015/16	600	Quarterly	Deborah Gornik
	Family Intervention Service positive outcomes with families	New Measure 2015/16	400	Quarterly	Deborah Gornik
	Number of specialist targeted services early help assessment and intervention	New Measure 2015/16	1000	Quarterly	Deborah Gornik

Link to Corporate Risk Register

Risk reference	
CU1	Failure to ensure adequate safeguarding arrangements, exposing children or vulnerable adults to greater risk of abuse or exploitation
SO3	Failure to equip the community to be more self-reliant
SO1	Increasing demand for socially provided care exceeds the resources available (Council and NHS)
PA2	Failure to ensure resilience and cohesion in key partnerships

Corporate Plan Activity	Focus on our children and families, with partners, to ensure that children are ready for school; young people are ready for work and adult life and that children and young people feel safe and are safe.		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
To provide challenge and support to educational settings	Underperforming schools are identified and the Schools Causing process implemented	August 2015	Sue Talbot
To provide challenge and targeted support ensure that pupils' attainment at the end of each key stage increases	Aspirational targets are set for pupils in schools currently identified as underperforming to attain Level 4+ in reading, writing and mathematics	July 2015	Sue Talbot
	Progress is tracked termly through the school causing concern process and challenge given where pupils are off track	July 2015	Sue Talbot
	Target underachievement in Mathematics in all key stages with a specific scrutiny and focus on Key stage 4 on the following:- <ul style="list-style-type: none"> 1. Increasing the number of pupils making at least expected progress(3 levels) in mathematics 2. Raising attainment in mathematics so that more pupils attain Age Related Expectations (ARE) 	September 2015	Sue Talbot
Young people access to employment, education and training opportunities.	<ul style="list-style-type: none"> • Further develop Mersey Interactive as the Liverpool City Region single point of access tool for skills and careers information. 	September 2015	Paul Smith
Risk of NEET service offer for young people aged 14 to 16	<ul style="list-style-type: none"> • At risk of NEET service implemented with Career Connect funded through the Youth Engagement Fund. Eligible young people identified using the Council RONI tool. 	October 2015	Paul Smith
Children in care and care leavers employability	<ul style="list-style-type: none"> • LAC Employability Skills Programme interventions delivered for children in care aged 14-16 (Improving attainment KS4) and care leavers aged 16 to 19. 	November 2015	Paul Smith
Vulnerable groups	<ul style="list-style-type: none"> • Enhanced reporting to support targeted and efficient use of 	September 2015	Paul Smith

tracking and monitoring service.	resources available. <ul style="list-style-type: none"> System user network expanded in 2015/16 to include other council services, for example, IFIP, Health etc... 	October 2015	
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Related Performance Indicators

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
EDU001	Early Years % Reaching Good Level of Development	63.0%	70%	Annually	Sue Talbot
EDU007	Key Stage 2 L4+ Reading, Writing and Maths	78.0%	80%	Annually	Sue Talbot
EDU008	Key Stage 4 5+ A*- C including English and Maths	60.0%	65%	Annually	Sue Talbot
	The percentage of children attending good or better schools increases	78.5%	80%	Annually	Sue Talbot
EDU014	16- 18 year olds Not in Education, Employment or Training	4.3% (Q3)	4.9%	Monthly	Paul Smith
EDU015	Care Leavers in Education, Employment and Training	67.5% (Q3)	68.0	Quarterly	Paul Smith

Link to Corporate Risk Register

Risk reference	
LE1 DA1	Growth of academies / free schools complicates our ability to raise educational attainment and provide skills Quality and availability of data and intelligence could be insufficient to enable us to design services & target effective interventions

Corporate Plan Activity	Transform our approach to Early Years and Children's Centres delivery		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
	Services are accessible to the most disadvantaged families through utilising a range of approaches to delivery.	June 2015	Deborah Gornik
Sustained contact with target groups	Families from 'target groups' (Ofsted) are identified, their needs are appropriately assessed and they are supported to sustain contact with Children's Centre activity to improve outcomes.	June 2015	Deborah Gornik
Demonstrating service intervention impact	The service is able to demonstrate impact through implementing tools to track children's developmental progress.	September 2015	Deborah Gornik

Related Performance Indicators

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	% of families with an under 5 living in the most 0-20% most deprived SOA's that are registered with a Children's Centre	80%	90%-	Monthly	Deborah Gornik
	% of families with an under 5 living in the 0 -20% most deprived SOA's who have sustained contact with a Children's Centre	29%	50%	Monthly	Deborah Gronik
	Take up of 2 year old offer by eligible families as identified by the DWP	69%	85%	Termly	Deborah Gornik
	Increase take-up of Children's Centre services for Children Looked After, Children in Need and Children subject to a Child Protection Plan (Current numbers; 241 Children Looked After, 390 Children in Need, 80 Children Subject to a CPP)	New Indicator	95%	Quarterly	Deborah Gornik

Link to Corporate Risk Register	
Risk reference	
EC2	Welfare Reforms
DA1	Quality and availability of data and intelligence could be insufficient to enable us to design services & target effective interventions
PA2	Failure to ensure resilience and cohesion in key partnerships
PE4	Failure to ensure that the culture of the organisation supports the future operating model

Corporate Plan Activity		Implement and embed our new model of delivery for children's social care, with an emphasis on the child's journey			
Directorate Project		Project Milestones		Delivery Dates	Responsible Officer
Remodel Children's Specialist Services		<ul style="list-style-type: none"> Recruiting to Group Manager and Team Manager posts Allocating staff to front line social care teams Structure goes live Review effectiveness focussing on outcomes for children 		April 2015 April 2015 June 2015 Dec 2015	Lisa Arthey
Implement the Career Progression model across Children's Specialist Services		<ul style="list-style-type: none"> Assess portfolios of social workers wishing to progress to experienced social worker level and make decisions on whether they have evidenced competence against the nine domains of the PCF. Determine how the model will be implemented after the initial assessment period Review the effectiveness of the Career Progression model 		April 2015 July 2015 March 2016	Lisa Arthey
Related Performance Indicators					
Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
CSC010	Percentage of Children in Foster Care having 3 or more placements	6.6% (Q3)	<10%	Monthly	Lisa Arthey
CSC011	Percentage of Children in Foster Care in placement for 2 years or more	74.8% (Q3)	73%	Monthly	Lisa Arthey
CSC015	Percentage of Children leaving care through SGO and Adoption	31.9% (Q3)	35%	Monthly	Lisa Arthey
CSC012	Days between becoming looked after to adoption.	677 (2011-2014)	487 (National)	Annually	Lisa Arthey
	% children's social work staff receiving monthly supervision	60% (Provisional)	95%	Quarterly	Lisa Arthey

Link to Corporate Risk Register	
Risk reference	
CU1	Failure to ensure adequate safeguarding arrangements, exposing children or vulnerable adults to greater risk of abuse or exploitation
PE4	Failure to ensure that the culture of the organisation supports the future operating model
DA1	Quality and availability of data and intelligence could be insufficient to enable us to design services & target effective interventions
PA2	Failure to ensure resilience and cohesion in key partnerships

Corporate Plan Activity	Review and reposition the Council's relationship with schools to ensure priorities are delivered, including closing the attainment gap		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
To close the attainment gap for disadvantaged pupils	Schools identified with the largest gap for disadvantaged pupils at the end of EY, KS1, KS2 and KS4 are challenged, with pupil attainment and progress tracked	September 2015	Sue Talbot
To raise achievement for Children Looked After	<p>Collaborative work between the School Improvement Team, LACES and Social Care ensure that:</p> <ul style="list-style-type: none"> Aspirational targets are set for CLA to achieve by the end of EY, KS1, KS2 and KS4 Progress is tracked termly Challenge given where pupils are off track Personal Education Plans scrutinised and Pupil Premium funding withheld where expected progress is not achieved Attainment for CLA at the end of EY and KS4 increases above the national CLA average 	<p>September 2015 Sept 2015, Jan, April 2016 Ongoing Ongoing October 2015</p>	Sue Talbot/ Virtual Headteacher

Related Performance Indicators

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
EDU002	Good Level of Development at Early Years Foundation Stage (Gap)	20%	18%	Annual	Sue Talbot
EDU006	Key Stage 2 L4+ Reading, Writing and Maths (Gap)	18%	16%	Annual	Sue Talbot
EDU007	Key Stage 2 L4+ Reading, Writing and Maths (LAC)	47.2% (Provisional)	55%	Annual	Lisa Arthery
EDU009	Key Stage 4 5+ A*- C including English and Maths	36%	26%	Annual	Sue Talbot

	(Gap)				
EDU011	Key Stage 4 5+ A*- C including English and Maths (LAC)	13.2% (Provisional)	18%	Annual	Lisa Artery
EDU012	Attainment gap at age 19 – Level 2 Qualification <i>(Data release due March 2015)</i>	17% (2013/14)	16%	Annual	Paul Smith
EDU013	Attainment gap at age 19 – Level 3 Qualification <i>(Data release due March 2015)</i>	36% (2013/14)	34%	Annual	Paul Smith

Link to Corporate Risk Register

Risk reference	
LE1	Growth of academies / free schools complicates our ability to raise educational attainment and provide skills

Corporate Plan Activity	Create a community interest company with Cheshire West and Chester Council to deliver sustainable services to schools and ensure resources are used effectively				
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer		
	Company incorporated	30 April 2015	S Bellerby		
	Company commence trading	1 September 2015	S Bellerby		
Related Performance Indicators					
Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	% uptake of Universal infant free school meals	82% (Provisional)	85%	Annual	S Bellerby
	Schools % take up of services	88%	88%	Annual	S Bellerby
Link to Corporate Risk Register					
Risk reference					
GO7	Use of untried / untested models (mutuals, social enterprises, shared services)				

Corporate Plan Activity	Launch and establish the local authority company for adult disability services		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
	Recruitment of Managing Director and Board	Secondment followed by full recruitment by March 2016	Chris Beyga
	Commence consultation with staff and TU's	May	Chris Beyga
	Complete company registration	May	Chris Beyga
	Launch event of new company	May	Chris Beyga

Related Performance Indicators

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	Proportion of people who use services who have control over their daily life	79.9%	82%	Annual	Chris Beyga
	Increase number of apprenticeships available within the company	New Measure 2015-16	10	Monthly	Chris Beyga
	Increase the number of people who have access to employment and training opportunities	2.9% (F)	4.0%	Monthly	Chris Beyga
	Increase access to services to include non FACS eligible customers	New Measure 2015-16	TBC	Monthly	Chris Beyga

Link to Corporate Risk Register

Risk reference	
GO7	Use of untried / untested models (mutuals, social enterprises, shared services)

Corporate Plan Activity	Implement a new model for an all age disability service for children, young people and adults				
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer		
	Work with children and adults with disabilities and their carers to co-produce a Transitions Strategy to identify and work with young people from the age of 14 (year 9) who may need to access adult services at aged 18.	30 June 2015	Lisa Arthey & Jason Oxley		
	A proposed service model to be signed off by partner agencies and service directors.	30 June 2015	Jason Oxley		
	Model implementation.	30 September 2015	Jason Oxley		
Related Performance Indicators					
Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	Proportion of adults with a learning disability who live in their own home or with their family	86.3% (F)	88%	Monthly	Jason Oxley
	Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes per 100,000 population	17.3 (F)	15.4	Monthly	Jason Oxley
	Percentage of young people transferring from children's to adult services report satisfaction with the transition process	New measure	75%	Annual	Lisa Arthey
Link to Corporate Risk Register					
Risk reference					
CU1	Failure to ensure adequate safeguarding arrangements, exposing children or vulnerable adults to greater risk of abuse or exploitation				
SO3	Failure to equip the community to be more self-reliant				

Corporate Plan Activity	Maximise the opportunities of the Better Care Fund by developing sustainable 7 day integrated community services, contributing to a reduction in demand in Acute care and improving outcomes for people.				
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer		
	Implement new rapid community service.	30 September 2015	Jacqui Evans		
	Develop commissioning intentions for integrated model.	1 April 2015	Jacqui Evans/Jason Oxley		
	Implement 7 day integrated delivery response.	1 September 2015	Jason Oxley		
	Reduce Acute admissions by 3.5%.	31 March 2016	Jason Oxley		
Related Performance Indicators					
Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	762.5 (F)	696.9	Monthly	Jason Oxley
	Average monthly bed days lost due to delayed transfers of care per 100,000 population	77.9	75.0	Monthly	Jacqui Evans
Link to Corporate Risk Register					
Risk reference					
SO1	Increasing demand for socially provided care exceeds the resources available				
SO3	Failure to equip the community to be more self-reliant				
PA2	Failure to ensure resilience and cohesion in key partnerships				

Corporate Plan Activity	Implement and embed new models of working to meet the statutory requirements and new duties of the Care Act.				
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer		
	Information and advice services in place.	1 July 2015	Jacqui Evans		
	Financial systems in place (deferred payments/care cap).	1 April 2015	Graham Hodgkinson		
	Workforce trained.	1 July 2015	Jason Oxley		
	Assessment and support planning system changes evaluated.	1 October 2015	Jason Oxley		
	Provider market advised/involved and supported with changes.	1 December 2015	Jacqui Evans		
Related Performance Indicators					
Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	% of people who use services and carers who find it easy to find information about support	Not yet available	80%	Annual	Jacqui Evans
	Overall satisfaction of people who use services with their care and support	Not yet available	70%	Annual	Chris Beyga
	Proportion of new requests for support resolved by advice and information.	Not yet available	TBC	Monthly	Jacqui Evans/Jason Oxley
	Proportion of new requests for support resulting in a long term service.	Not yet available	TBC	Monthly	Jason Oxley
Link to Corporate Risk Register					
Risk reference					
PA2	Failure to ensure resilience and cohesion in key partnerships				
CU1	Failure to ensure adequate safeguarding arrangements, exposing children or vulnerable adults to greater risk of abuse or exploitation				
PE4	Failure to ensure that the culture of the organisation supports the future operating model				

Corporate Plan Activity	Implement our health and social care integration plans with our health partners as part of the vision 2018 approach		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
	Integrated Care Co-ordination Teams (ICCTs) in place.	30 September 2015	Jason Oxley
	Integrated single adult gateway in place.	31 December 2015	Jason Oxley
	Rapid community service in place.	30 September 2015	Jacqui Evans
	Pooled budget agreed and in place.	30 April 2015	Jacqui Evans
	To enable more young people who self-harm to self-care	31 December 2015	Julia Hassall
	Evidence Based parenting programmes in place	31 December 2015	Julia Hassall

Related Performance Indicators

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	Improving people's experience of integrated care (service user experience questionnaire)	New Measure 2015-16	95%	Annual	Jacqui Evans
	Reduction in unplanned admissions.	0%	3.5%	Monthly	Jacqui Evans / Jason Oxley
	Number of people referred to the ICCTs with integrated care recorded.	New Measure 2015-16	95%	(% of ICCT patients)	Jason Oxley
	Reduction in the number of hospital admissions as a result of self-harm (10-24 yrs)	526.6 (12/13)	10%	quarterly	Julia Hassall
	Increase of Parents with children with ADHD participating in an evidence based parenting programme as part of their pathway	New measure 2015-16	75%	Annual	Julia Hassall

Link to Corporate Risk Register

Risk reference

Corporate Plan Activity	Deliver the transformation programme for leisure services				
Directorate Project	Project Milestones	Delivery Dates		Responsible Officer	
Development of a new delivery model for Leisure Services	<ul style="list-style-type: none"> ▪ Collection of data and research in to other LA operations – working group already established. ▪ Drafting of Cabinet Report. ▪ Profiled Cabinet Report delivery date. ▪ Develop implementation strategy for delivery thereafter 	<ul style="list-style-type: none"> ▪ April/May 2015 ▪ May/June 2015 ▪ June 2015 ▪ July 2015 		Damian Walsh	
Development of a new facility at West Kirby Marine Lake	<ul style="list-style-type: none"> ▪ Confirm 'Brief' with Asset Management. ▪ Agree and confirm design. ▪ Tender documentation issued ▪ Contractor appointed ▪ Contractor starts on site. ▪ New facility opens 	<ul style="list-style-type: none"> ▪ April 2015 ▪ May/June 2015 ▪ June/July 2015 ▪ Sept 2015 ▪ Nov 2015 ▪ March 2016 		Damian Walsh	
Deliver options for future Golf delivery models	<ul style="list-style-type: none"> ▪ Collection of data and research in to other LA operations – working group already established. ▪ Drafting of Cabinet Report. ▪ Profiled Cabinet Report delivery date. ▪ Develop implementation strategy for delivery thereafter 	<ul style="list-style-type: none"> ▪ April/May 2015 ▪ May/June 2015 ▪ June 2015 ▪ July 2015 		Damian Walsh	
Related Performance Indicators					
Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
SLS01	Development of a new delivery model for Leisure Services	N/A	100%	Quarterly	Damian Walsh
SLS02	Development of a new facility at West Kirby Marine Lake	N/A	100%	Quarterly	Damian Walsh
SLS03	Deliver options for future Golf delivery models	N/A	100%	Quarterly	Damian Walsh
Link to Corporate Risk Register					
Risk reference					

G07	Use of untried / untested models (mutuals, social enterprises, shared services)
G03	Internal policies and procedures could delay change

Risk Register
Contribution

Sport & Leisure			
Objective	Ref.	Risk Description	Risk Owner
Continue to deliver our transformation programme for leisure services	LS15	Members might not accept the options that have the greatest potential to deliver savings, placing further pressure on the Council's financial position and affecting its reputation.	Head of Sport and Leisure Services

Corporate Plan Activity	Implement a new model for our early intervention and prevention services to ensure along with our partners we manage demand efficiently and community based care effectively		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
	Embed reablement services with Integrated Care Co-ordination Teams (ICCTs).	30 September 2015	Jason Oxley
	Integrate third sector in Integrated Care Co-ordination Teams.	30 September 2015	Jacqui Evans/Jason Oxley
	Implement and embed new Wirral Independence Service Commission.	31 December 2015	Jacqui Evans
	Implement and embed new carers Health and Wellbeing Service.	30 September 2015	Jacqui Evans
	Extend reablement commission.	30 September 2015	Jacqui Evans

Related Performance Indicators

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	Proportion of people who have received short term services to maximise independence requiring no ongoing support	75% (F)	75%	Monthly	Chris Beyga
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services	90% (F)	90%	Monthly	Jacqui Evans
	Number of episodes of Reablement/intermediate care intervention for clients aged 65 and over, per 10,000 population	402.1	440.0	Monthly	Chris Beyga

Link to Corporate Risk Register

Risk reference	
PA2	Failure to ensure resilience and cohesion in key partnerships
SO3	Failure to equip the community to be more self-reliant
SO1	Increasing demand for socially provided care exceeds the resources available (Council and NHS)

Public Health Additional Activity

Corporate Plan Activity	Maximise the impact of our public health leadership role		
Directorate Project	Project Milestones	Delivery Dates	Responsible Officer
To support people to live healthy lifestyles and make health choices	Review of tobacco control action in the borough	June 2015	Head of Public Health
	Review of service model for the community weight management service in partnership with Wirral Clinical Commissioning Group	June 2015	Head of Public Health
	Development of a risk and resilience strategy for 11-19 year olds	March 2016	Head of Public Health
	Development of a service model for wellbeing and lifestyle services	March 2016	Head of Public Health
To reduce the number of people living with preventable ill health and people dying prematurely, with a focus on reducing the gap between communities	Delivery of NHS Healthchecks programme	March 2016	Consultant in Public Health
	Ensure appropriate access to high quality sexual health services	March 2016	Head of Public Health
	Ensure provision of effective lifestyle services	March 2016	Head of Public Health
	Ensure provision of effective drug and alcohol recovery services	March 2016	Head of Public Health
Ensure a safe transition of the commissioning of Health Visiting services and the Family Nurse Partnership from NHS England to Wirral Council		October 2015	Head of Public Health
Developing Wirral as a Healthy Place	To implement and evaluate the impact of Healthy Place investments e.g. Takeaway for a Change, Reducing the Strength	March 2016	Head of Public Health
To ensure the populations health is protected from major incidents and other threats	Assurance process fully developed and implemented	March 2016	Consultant in Public Health
Delivery of statutory functions	Revise and refresh the Joint Strategic Needs Assessment	March 2016	Consultant in Public Health
	Produce the Public Health Annual Report	March 2016	Director of Public Health
	To provide health care public health advice to Wirral Clinical Commissioning Group	March 2016	Consultant in Public Health
Related Performance Indicators			

Performance Indicator		2014/15 Outturn	2015-16 Target	Reporting frequency	Responsible Officer
Ref	Title				
	Alcohol related admissions to hospital: rate of attendance at A&E for injury and assault where alcohol was a factor	Not yet available	Currently being negotiated	Monthly – rolling 12 month	Senior Manager – Public Health
	NHS Health Checks - offered	Not yet available	20%	Quarterly - cumulative	Consultant in Public Health
	NHS Health Checks – take up	Not yet available	50%	Quarterly- cumulative	Consultant in Public Health
	Smoking quitters (4 weeks)	Not yet available	Currently being negotiated	Quarterly -cumulative	Senior Manager – Public Health
	Smoking status at time of delivery: rate per 100 maternities	Not yet available	Currently being negotiated	Quarterly -cumulative	Senior Manager – Public Health
	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Not yet available	Currently being negotiated	Quarterly -cumulative	Senior Manager – Public Health
	Proportion of non-opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Not yet available	Currently being negotiated	Quarterly - cumulative	Senior Manager-Public Health
Link to Corporate Risk Register					
Risk reference					
SO2	Poor lifestyle choices continue to adversely affect public health and require different public provision				
SO3	Failure to equip the community to be more self-reliant				
PA2	Failure to ensure resilience and cohesion in key partnerships				

4. Risk Register

The Directorate risk registers reflect the most significant risks to the achievement of the Directorate objectives and inform reviews of the corporate risk register. The register is an active document regularly monitored by the Directorate management team. The key risks identified are summarised below.

CHILDREN AND YOUNG PEOPLE			
Objective	Ref.	Risk Description	Risk Owner
Safeguarding Children	1.1	Inadequate safeguarding arrangements may lead to children and young people being exposed to greater risk of abuse or exploitation.	S Garner
Change of School Status	1.3	Risk to council admission arrangements and asset management.	A Roberts
Academies	1.5	Risk to the future provision of school improvement and other functions/ services as a consequence of schools becoming "new style" academies	S Talbot
Departmental Budget	1.6	Risk of overspend	A Roberts
Changes in HR Service	1.7	Impact on the ability to deliver the service across the department.	S Blevins
Secondary Pupil Numbers	1.8	Decline in secondary pupil numbers means there are is risk that some smaller secondary schools will have small intakes that will make the schools unviable.	S Talbot
Early Years and Primary Numbers	1.9	Schools entry issues in relation to school size	S Talbot
Integrated Transport	2.0	Budget option full savings may not be realised	A Roberts
Introduction of a new OFSTED framework for Integrated Children's Services Inspections	2.1	Children's Services is subject to OFSTED inspection, if service standards are not maintained to appropriate OFSTED standards children may be at risk of poor outcomes.	Head of Specialist Services
Staff Recruitment and Retention	2.3	Risk related to difficulties experienced in recruiting adequately qualified and experienced staff in some key areas	S Blevins
Children's Social Care Service	2.5	Sustainability and capacity risks across social care services / teams due to continued high level of demand for services. Results in risk of reduced case management and oversight, therefore increased safeguarding concerns with service. Risk of increased costs due to need for increased resources.	Head of Specialist Services
Council Budget 2014-17	2.6	Failure to plan, resource or implement agreed budget reductions; reductions impact on service delivery.	J Hassall

CHILDREN AND YOUNG PEOPLE			
Objective	Ref.	Risk Description	Risk Owner
ICT system failure (business continuity)	2.8	ICT system failure impacts on business continuity of key service delivery and service users.	D Armstrong
Childcare	2.9	Failure to generate income from fees and charges for childcare cost met by service users.	D Gornik
Children's Centres	3.1	Failure to deliver the right level of children's centres activity or target the right groups of services users to meet the statutory requirements of the LA post cuts to service	D Gornik
Tracking of all young people age 16 to 19 (and up to the age of 25 if subject to a EHC Plan / 139a)	3.2	Failure to maintain a robust database (DfE requirement) and effectively manage the Participation & Engagement Service due to insufficient capacity in the data tracking service area.	A Roberts
Commissioning of Alternative Provision	3.3	Young people at risk of not accessing their statutory entitlement and risk of EMAP not transferring to an Academy	P Ward
Safeguarding Children from Child Sexual Exploitation	3.4	Inadequate safeguarding may lead to children and young people being exposed to greater risk of child sexual exploitation.	S Garner

ADULT SOCIAL CARE			
Objective	Ref.	Risk Description	Risk Owner
Enhance the quality of life for people with care and support needs	ASC1	Use of untried business models - e.g. LA Trading Company & in-house knowledge	Head of Delivery
Delay and reduce the need for care and support	ASC2	Failure to successfully develop Integrated Service Delivery with NHS due to competing priorities leading to duplication and inefficient services	Head of Transformation
Delay and reduce the need for care and support	ASC3	Failure to develop prevention and early intervention services and approaches resulting in inefficiency, services which do not meet the needs of customers and no improvement to the health and wellbeing of Wirral residents	Head of Transformation
Delay and reduce the need for care and support	ASC4	Insufficient market supply resulting in an increase in delayed discharges from hospital, an increase in residential care placements and potential increase in costs	Head of Transformation
Ensure that people have a positive experience of care	ASC6	Failure in service quality by contracted providers resulting in a negative reputational impact and poorer outcomes for individuals	Head of Transformation

ADULT SOCIAL CARE			
Objective	Ref.	Risk Description	Risk Owner
			/ Corporate Safeguarding
Ensure that people have a positive experience of care	ASC7	Failure to deliver the Transformation programme resulting in no improvement to service delivery, failure to implement government policy and a reduction in service user satisfaction with our services	Head of Transformation
Safeguard adults whose circumstances make them vulnerable and protecting them from harm	ASC8	Inadequate safeguarding arrangements may lead to adults and older people being at risk of harm and exploitation	Head of Transformation / Corporate Safeguarding
Transform the business to be as efficient and effective as possible	ASC9	Risk of spend not being contained within resources allocated to the Department resulting in service reorganisations or reduction in service delivery and poorer outcomes for vulnerable service users	Head of Delivery / Head of Transformation
Transform the business to be as efficient and effective as possible	ASC10	Risk that the Department is unable to accurately scope demand for services, for example due to Welfare Reform and increase in poverty, and effectively manage this demand leading to budget pressures and insufficient provision	Head of Transformation
Transform the business to be as efficient and effective as possible	ASC11	Staffing skills and capability gap across the Department causing a capacity shortfall and resulting in an inability to achieve its objectives	Head of Transformation
Transform the business to be as efficient and effective as possible	ASC12	Impact of economic climate on service user ability to pay Adult Social care charges resulting in an increase in debt and financial pressures for the Department	Head of Transformation
Transform the business to be as efficient and effective as possible	ASC13	Risk that an information security breach occurs leading to personal information regarding service users being used illegitimately potentially causing harm to individuals, financial penalties and a risk to the reputation of the Council	Head of Transformation
Transform the business to be as efficient and effective as possible	ASC14	ICT system failure (business continuity)	Head of Delivery / Head of Transformation
Transform the business to be as efficient and effective as possible	ASC15	Failure to implement the new case management system aligned with Council wide changes to operating systems	Head of IT Services
Safeguard adults whose	ASC	Failure to meet the demand for DOLs assessments and authorisations, risk of legal challenge	Head of

ADULT SOCIAL CARE			
Objective	Ref.	Risk Description	Risk Owner
circumstances make them vulnerable and protecting them from harm		leading to reputational damage and financial cost due to litigation	Transformation

PUBLIC HEALTH			
Objective	Ref.	Risk Description	Risk Owner
Supporting people to live healthy lifestyles and make healthy choices	PH1	People are unable to access services due to lack of awareness, improving health is not a priority for them or they are not motivated to change their behaviour.	Head of Public Health
Reduce the number of people living with preventable ill health, and dying prematurely	PH2	The gap in inequalities widens and there is little impact on health outcomes	Director of Public Health
Deliver effective health protection	PH3	Unable to assure that local communities are safely protected from risks associated with infectious disease, failure of screening and vaccination and immunisation programmes	Consultant in Health Protection
Ensure effective intelligence is in place to support commissioning	PH4	Lack of insightful commissioning leads to services not meeting needs	Head of Commissioning
Financial stability	PH5	Risk of overspend, non-achievement of value for money via contracted services	Senior Commissioning & Finance Manager

This directorate plan has been endorsed by:

Clare Fish, Strategic Director - Families and Wellbeing

Councillor Tony Smith, Cabinet Member for Children and Family Services

Councillor Chris Jones, Cabinet Member for Adult Social Care and Public Health

Councillor Chris Meaden, Cabinet Member for Leisure, Sport and Culture

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE

COMMITTEE

23RD MARCH 2015

SUBJECT:	2014/16 DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT
WARD/S AFFECTED:	ALL
REPORT OF:	CLARE FISH (STRATEGIC DIRECTOR OF FAMILIES AND WELLBEING)
RESPONSIBLE PORTFOLIO HOLDER:	CLLR CHRIS JONES (ADULT SOCIAL CARE AND PUBLIC HEALTH)
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

The aim of this report is to update Members in relation to performance as at 31st January 2015 against the delivery of the Families and Wellbeing Directorate Plan 2014/16. Members are requested to consider the details of the report and highlight any issues.

2.0 BACKGROUND AND KEY ISSUES

2.1 As part of the development of the Directorate Plans, SMART (Specific, Measurable, Achievable, Realistic and Time related) outcome measures were developed that link directly to the Corporate Plan. The senior management team have determined the corporate and directorate outcome indicators contained within the report and signed off the following parameters which underpin their on-going performance management:

- 2014/16 Families and Wellbeing and Public Health Plans
- 2014/15 Plan trajectories
- 2014/15 Performance tolerance levels (determine RAG [Red, Amber, Green] status)
- Head of Service responsible for delivery of target

2.2 Directorate Plan performance (includes Corporate Plan targets) 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 or annual basis, in line with the availability of data. Heads of Service responsible for the delivery of targets 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 will be produced and made available, to support corporate and directorate 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 2014/15 Performance Report (Appendix 1) sets out performance against 57 outcome measures

3.2 Of the 57 measures for 2014/15, 29 (51%) are rated green, 8 (14%) are rated amber and 4 (7%) are rated red whilst 16 (28%) are currently unrated. The 4 measures rated red have action plans (included as Appendix 2, 3, 4, and 5) which refer to:

- Smoking quitters (4 weeks)
- Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months
- Timeliness of Adoptions, within 12 months of decision date
- Average monthly bed days lost due to delayed transfers of care per 100,000 (Better Care Fund)

3.3 The Families & Wellbeing Directorate Plan 2014/16 sets out the key functions the Directorate is responsible for and the contribution it makes to the delivery of the Corporate Plan priorities. The Plan is underpinned by the key performance indicator (KPI) planning templates that provide the rationale, trajectory and tolerances for the KPIs.

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 equalities implications relating to the actions set out in the Corporate Plan will be addressed by departments as appropriate, and details set out in individual departmental plans.

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 Council's Corporate Plan.

REPORT AUTHOR: Corporate Performance Team
Telephone: 0151 691 8379

APPENDICES

Appendix 1 – Directorate Plan Performance Report (as at 31st January 2015)

Appendix 2 – Action Plan: Smoking Quitters (4 weeks)

Appendix 3 – Action Plan: Proportion of Opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months

Appendix 4 – Action Plan: Timeliness of Adoptions, within 12 months of decision date

Appendix 5 – Action Plan: Average monthly lost bed days lost due to delayed transfers of care per 100,000

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families & Wellbeing Policy and Performance Committee	9th Jul 2013
Families & Wellbeing Policy and Performance Committee	9th September 2013
Families & Wellbeing Policy and Performance Committee	28th January 2014
Families & Wellbeing Policy and Performance Committee	8th April 2014
Families & Wellbeing Policy and Performance Committee	8th July 2014
Families & Wellbeing Policy and Performance Committee	9th September 2014

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st January 2015



No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
Public Health - Tackling Health Inequalities													
Domain 2: Health Improvement													
1	Alcohol-related admissions to hospital: Rate of attendance at A & E for injury and assault where alcohol was a factor (Corporate Plan)	Trauma, Injury Intelligence Group (TIIG)	901.37	N/A	901.37	901.37	817.78	901.37	G	↓	Jan 14 - Dec 14	J Webster	The data shows a further reduction in the rate of attendances to A&E, suggesting a continuing positive improvement in performance of the system. However it should be noted that, although this improvement is encouraging, the methodology we are using to track this target is new so it is important to keep a close watch on the data to ensure that this downward trend is a genuine improvement and not a function of the change in the methodology.
2	NHS Health Checks - Offered (Corporate Plan)	Integrated Performance Measures Monitoring Return	17.7%	18.5%	20.0%	15.0%	16.5%	20.0%	G	↑	Apr - Dec	J Harvey	<p>Within year, individual practices have the flexibility to spread out their Health Check invitations in a way that best suits their practice. As a result, actual take-up of invitations can vary from quarter to quarter. We are therefore aiming to ensure that the overall full-year uptake figure is at least 50% (which was exceeded in 2013/14). In order to support practices to achieve this, the following is in place:</p> <p>Seconded Practice Nurses have also been visiting / liaising closely with GP practices who require further support to improve take-up rates.</p> <p>A promotional video and poster are under development to be used in all GP practices and also community settings.</p> <p>A proposal to pilot the impact of 'Point of Care Testing' within GP practices is being developed.</p>
3	NHS Health Checks - Take up (Corporate Plan)	Integrated Performance Measures Monitoring Return	53.1%	51.0%	50.0%	50.0%	42.1%	50.0%	A	↑	Apr - Dec	J Harvey	<p>Practices will also shortly receive a personalised performance report, comparing their results to all other practices, with recommendations of where they need to improve.</p> <p>For invitations offered, performance is well on track to meet the 20% target for the full year. For uptake of Health Checks, Q3 activity has shown an increase of 5% compared to Q2 (giving an overall uptake of 43%). Given that this represents activity carried out over the Christmas period, when it is more difficult to get people to come into practices for a check, this is positive.</p>
4	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	1727 (43%)	42879 (43%)	1,900	993	647	1,389	R	↓	Apr - Sep	G Rickwood	Quarter two performance for this target has seen a 35% decrease in performance compared to Q2 activity in 2013/2014, this drop in performance is reflected both regionally and nationally. The Public Health team will be undertaking a review of the current stop smoking models delivered by all providers in Wirral to identify the most appropriate model for local needs and to take account of changing environmental factors e.g. use of e-cigarettes. The revised service model will be produced by the summer.
5	Smoking status at time of delivery: rate per 100 maternities (PHOF 2.3)	Integrated Performance Measures Monitoring Return	13.7%	12.8% Cheshire, Warrington & Wirral	11.0%	11.0%	11.7%	11.0%	A	↓	Apr - Dec	G Rickwood	After an improvement in performance between quarter 1 and quarter 2, quarter 3 sees an increase in the %age again of women smoking at the time of delivery, going up from 11.2% to 11.7%. This gives an average rate for the 3 quarters of the year of 12%. The current programme of work that offers support to pregnant women to stop smoking is delivered by Solutions for Health and is a 12 week health and wellbeing course with a focus on 4&12 week quits. Referrals into this programme are predominantly from maternity services. Public Health is working with the wider set of services to increase referrals into smoking cessation from all health professionals who come into contact with pregnant women, and new work is planned to introduce more of a whole system approach to supporting women at the time of delivery to give up smoking, this to support the work currently being done by mid-wives.
6	Under 18 conceptions: rate per 1,000 population aged 15-17 (PHOF 2.4)	Office for National Statistics (ONS)	33.5 (2012 national)	31.6 (2012)	32.9	32.9	31.2	32.9	G	↓	Jul - Sep 2013	J Graham	A reduction in rate was experienced for Q3 2013. This reduced from 32.9 in Q2 to 31.2 in Q3. This is also a reduction from the same point in 2012 when the rate was 35.6, however, Wirral's rate still remains higher than that of the North West and England. Teenage pregnancy prevention is currently being addressed through a new integrated approach by development of a risk and resilience strategy. In the interim, the teenage pregnancy sub-groups continue to sustain momentum around this agenda
7	Excess weight in 4-5 year olds: reception year classified as overweight or obese (PHOF 2.6i)	NCMP	22.3%	22.9%	24.0%	24.0%	23.1%	23.1%	G	↓	2013-14	J Graham	These are the most up to date figures as published by Public Health England December, 2014. The Wirral model for delivering the National Child Measurement Programme goes beyond weighing and measuring and delivers key healthy lifestyle messages direct to the children as part of a structured lesson. Also, the service proactively follows up every very overweight child, giving telephone support and boosting referrals in to weight management services.
8	Excess weight in 10-11 year olds: year 6 classified as overweight or obese (PHOF 2.6ii)	NCMP	33.3%	33.4%	34.6%	34.6%	35.0%	35.0%	A	↓	2013-14	J Graham	

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9	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15i)	NDTMS	NYA	NYA	10.0%	#REF!	7.91% (Apr 13 - Mar 14)	10.0%	R		Apr - Mar 2014	G Rickwood	The National NDTMS database is still being upgraded by PHE but remains currently out of service, so up to date performance data for this indicator is not yet available. However the system is now being remobilised and is expected to be back on line before the end of February. No new performance analysis is therefore possible at this time but we are told that priority, in terms of activating the database, is being given to those areas that are in the process of implementing new services. The new Wirral service has now commenced and much work is being put into the full mobilisation. However the transition does create some considerable upheaval, involving staff and new premises, so it will be into the spring before the new system is beginning to approach its intended potential.
10	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15ii)	NDTMS	NYA	NYA	53.0%	53.0%	52.58% (Apr 13 - Mar 14)	53.0%	G		Apr - Mar 2014	G Rickwood	This indicator, predominantly delivered by Arch Initiatives, has now achieved its performance target for a sustained period. However this is a volatile performance target sensitive to small changes in the number of completers and subject to fluctuation.
11	Cancer screening coverage – breast cancer (PHOF 2.20i)	Health and Social Care Information Centre /Public Health England	77.3% (2014)	73.4% (2014)	77%	77%	72.6%	77%	A		Jul	Anjana Sahu	The Director of Public Health has an assurance role with regard to cancer screening programmes. It is the responsibility of NHS England to commission and performance manage the programmes. It is important for Councilors to be aware of our performance against the programmes as they are key elements in our prevention activity to reduce death and disease from cancer. The 36 month coverage of women aged 50 to 70 was 72.6% at July 2014. This figure is above the minimum standard of 70%.
12	Cancer screening coverage – cervical cancer (PHOF 2.20ii)	Health and Social Care Information Centre /Public Health England	72.9% (2014)	73% (2014)	76%	76%	73.7%	76%	A		Jul	Anjana Sahu	A report on performance of the cervical cancer programme from NHS England (the commissioning body) shows that: the uptake of cytology by most GP practices in the Wirral did not meet national targets. However, most GP surgeries have increased in their uptake of cytology (up to June 2014). The Public Health team is working with NHS England and the CCG to improve the uptake of cancer screening programmes. The Director of Public Health is presenting an education event for GPs focusing on cancer screening programmes on the 25th February. This will enable discussions with local GPs around screening programmes for cancer.
Domain 3: Health protection													
13	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Health Protection Agency (HPA)	2,309 per 100,000 (2013)	2,257 per 100,000 (2013: North of England)	2,300 per 100,000	2,300	2,606	2,300	G		Apr - Sep	J Graham	Public Health England published data for Qs1 and 2, 2014-15 indicate that Wirral is on track to achieve the chlamydia target.
14	% of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 1st birthday (PHOF 3.03iii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	96.8% (2013/14)	95.7% (2013/14)	95%	95%	95.8%	95%	G		Jul 14 - Sep 14	Anjana Sahu	The Director of Public Health has an assurance role with regard to immunisation and vaccination programmes. It is the responsibility of NHS England to commission and performance manage the programmes. It is important for Councilors to be aware of our performance against the programmes as they are key elements in our prevention activity to reduce death and disease from communicable diseases e.g. measles, mumps. Local performance against this target is very good. Quarterly figures to be published by Public Health England, the data for quarter 2 shows that this indicator is performing slightly above trajectory. Performance of 95% is required to ensure herd immunity.

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15	% of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday (PHOF 3.03viii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	95.1% (2013/14)	94.9% (2013/14)	95%	95%	96.6%	95%	G		Jul 14 - Sep 14	Anjana Sahu	Please see commentary above. Current performance is exceeding the 95% target to provide good population coverage.
Children are ready for school													
	Measures for this outcome are under development												
Children and young people are prepared for working life and adulthood													
16	The gap between the proportion of pupils achieving a Good Level of Development (in the Early Years Foundation Stage Profile)	Local Authority Interactive Tool	39.5	38.7	36.6	-	-	36.6	-	-	-	S Talbot	Annual Indicator
17	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 2 (Level 4 +Reading, Writing and Maths)	Local Authority Interactive Tool	20.9	19.0	16.0	-	-	16.0	-	-	-	S Talbot	Annual Indicator
18	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	34.9	29.5	26.5	-	-	26.5	-	-	-	S Talbot	Annual Indicator
19	The % of Looked After Children achieving Key Stages 2 (Level 4 +Reading, Writing and Maths)	FFT Aspire	42.9	N/A	61.0	-	-	61.0	-	-	-	S Butcher	Annual Indicator
20	The % of Looked After Children achieving expected levels at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	11.8	15.7	44.0	-	-	44.0	-	-	-	S Butcher	Annual Indicator
21	Equality of achievement of a Level 2 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	17.0	19.0	16.0	-	-	16.0	-	-	-	P Smith	Annual Indicator
22	Equality of achievement of a Level 3 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	36.0	28.0	31.0	-	-	31.0	-	-	-	P Smith	Annual Indicator
23	The % of young people aged 16-18 who are not in Employment, Education or Training. (NEET)	Local Authority Interactive Tool	5.7%	6.4%	5.5%	5.5%	4.3%	5.5%	G		Dec	P Smith	
24	The % of Care Leavers in Employment Education or Training	Local Authority Interactive Tool	66.0%	60.0%	70.0%	70.0%	67.5%	70.0%	G		Dec	P Smith	The anticipated number of young people who will be eligible for inclusion in this measure in 2014-15 is currently 51. To date there have been a total of 31 young people eligible to be included in the calculation of whom 25 are engaged in Education, Employment or Training
Children, young people and families have their needs met at the earliest opportunity													
25	Rate of Children in Need per 10,000		402.1	343.1 (2012-13)	375.0	381.0	385.8	380.0	G		Jan	S Butcher	The number of CIN have reduced despite a high number of referrals in the reporting period. The number of cases closed (1,306) have exceeded the number of new referrals (1,255). The referrals open to the Pathway and transition teams for young people over the age of 18 are no longer included in the formula as population based on ages of children 0-17.
26	Rate of Child Protection Plans (Per 10,00 population aged 0-17)	Local Authority Interactive Tool	41.2		37.9	37.9	32.3	29.3	G		Jan	S Butcher	The number of Child protection plans has decreased from 214 in November to 198 in December.
27	Rate of referrals to Social Care per 10,000		599.8		575.0	575.0	612.4	575.0	G		Jan	S Butcher	October has seen the highest number of referrals (458). The number of referrals in September and October is more than 50% higher than previous months. This is 11% lower than at the equivalent point in 2013-14.
28	Number of families achieving a positive outcome through the Payment by Results schedule		304.0		510.0	510.0	N/A	510.0	-	-	-	D Gornik	Currently awaiting data to enable calculation of this measure

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Children and young people feel safe and secure													
29	Rate of Child Protection Plans per 10,000	Local Authority Interactive Tool	41.2		37.8	37.9	32.3	29.3	G	↓	Jan	S Butcher	The number of Child protection plans has decreased from 214 in November to 198 in December.
30	Rate of Looked After Children per 10,000		100.1	-	95.8	97.0	102.6	95.8	A	↓	Jan	S Butcher	Looked after children (LAC) numbers continue to be higher than the national average and statistical neighbours. A LAC Task Group is now in operation which is ensuring a whole systems approach to addressing this issue. Emphasis is on detailed analysis of individual children and implementing strategies to safely reduce the LAC population and associated costs. The number of LAC has been relatively static since July with minor fluctuations month on month. The current number of LAC is 30 higher than the 2014/15 end of year target.
31	% of Children in Foster care having three or more placements	Local Authority Interactive Tool	6.8%		10.0%	10.0%	6.5%	8.0%	G	↓	Jan	S Butcher	The % of LAC who have had 3 or more placements has reduced from 7.5% in October to 6.6% in December.
32	% of Children in Foster care being in placement for two years or more		67.9%		70.0%	70.0%	73.7%	70.0%	G	↑	Jan	S Butcher	The percentage of CIC who are in placement over 2 years has marginally from 70.5% in October to 74.8% in December.
33	Percentage of children leaving care through SGO's / adoptions		23.1%	27.7%	28.0%	28.0%	32.6%	33.9%	G	↑	Jan	S Butcher	A total of 121 children have been discharged from care to date during 2014/15 of whom 22 have been discharged via a SGO and 19 have been adopted.
34	Percentage of children in care placed with parents		11.0%		8.0%	8.0%	11.9%	12.0%	G	↑	Jan	S Butcher	A total of 85 children were placed with parents as at 31st December.
35	Timeliness of Adoptions, within 12 months of decision date	Local Authority Interactive Tool	75.0%	-	80.0%	80.0%	63.2%	70.0%	R	↑	Jan	S Butcher	YTD Adoptions Quarter 1 = 5 Quarter 2 = 5 Quarter 3 = 9 Of the 19 adoptions to date 12 were completed within timescale. During November 3 out of 5 adoptions were completed within timescale. There were no adoptions in December. 3 Children adopted by their existing carer have now been included in the formula. These were previously excluded.
36	Became Looked After to Adoption Timescale in days	Local Authority Interactive Tool	744.0	-	547.0	547.0	527.7	480.0	G	↑	Jan	S Butcher	This measure has been recalculated in August to calculate the number of days between the Became Looked After date and the date of the adoption placement as opposed to the days between the BLA and the Adoption Order. This is line with the Adoption Scorecard calculation. 9 adoptions have exceeded the target with the longest timescale being 1336 days.
Universal and Infrastructure Services													
37	Percentage of on time admissions applications received online – F2		64.0		68.0	-	-	68.0	-	-	-	N Clarkson	Annual Indicator
38	Percentage of on time admissions applications received online –Year 7		58.0		62.0	-	-	62.0	-	-	-	N Clarkson	Annual Indicator

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FAMILIES AND WELLBEING - ADULTS													
Enhance the quality of life for people with care and support needs													
39	Proportion of people who use services who have control over their daily life (ASCOF 1B)	Adult Social Care Survey	79.9%	76.6%	80.0%	-	-	80.0%	-	-	-	C Beyga	Annual Indicator
40	Proportion of people using social care who receive self directed support, and those receiving direct payments (ASCOF 1C)	Local Data (Liquid Logic)	63.8% Approx. as new measure for 2014/15	67.6%	66.0%	65.6%	93.7%	93.7%	G	↑	Jan	C Beyga	The calculation of this measure has changed for 2014/15 to only include those people in receipt of a long term service for whom self directed support is most relevant. The denominator also excludes those people in residential & nursing care whereas previously they were included, this limits the ability to make comparisons to previous years. Performance has continued to improve throughout the year which can be linked to the implementation of Liquid Logic as the system now enforces the need for individuals to have an agreed support plan. As people go through the annual review process performance against this measure should continue to rise.
Delay and reduce the need for care and support													
41	Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population (ASCOF 2Ai)	Local Data (Liquid Logic)	18.1	14.5	17.0	17.2	15.6	16.0	G	↓	Jan	C Beyga	To date there have been a total of 6 permanent admissions to nursing care and 19 to residential care. 32% of placements are for people with a learning disability, 32% physical disability, 27% Mental Health issues and 9% for Substance/Alcohol misuse.
42	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (ASCOF 2Aii)	Local Data (Liquid Logic)	835.9	777.8	759.3	772.1	742.5	759.3	G	↓	Jan	C Beyga	The average number of placements per month equates to 43 against a monthly target of 42. When compared with the same period in 2013-14 the number of admissions is 10% lower. The proportion of placements which can be linked directly back to hospital discharges is 60% which is consistent with 2013-14.
43	Proportion of older people (65 and over) who were at home 91 days after discharge from hospital to reablement/rehabilitation services (ASCOF 2Bj)	Local Data (Liquid Logic)	89.4%	83.6%	85.0%	85.0%	90.6%	90.6%	G	↓	Jan	C Beyga	Performance has been consistently around 90% throughout 2014-15. There was an expectation that there may be a slight reduction in performance during 2014-15 due to the transition to a new provider and the increased reablement offer, however this hasn't been the case as performance remains in line with 2013-14 with Wirral being one of the top performers in the North West.
44	Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 10,000 population (Links to ASCOF 2Bii)	Local Data (Liquid Logic)	311.5	354.8	390.7	373.0	482.7	482.7	G	↑	Jan	C Beyga	Performance remains above target as has been the case throughout 2014-15. December saw a 20% increase when compared to the average between April and November, January has seen a further increase of 23% when compared to December. Based on the current forecast the number of episodes of reablement / IMC will have increased by over 50% when compared with 2013-14.
45	Average monthly bed days lost due to delayed transfers of care per 100,000 (Better Care Fund)	NHS England Statistics	66.3	199.7	61.3	62.6	77.9	77.9	R	↓	Dec	J Evans	Whilst performance remains below targeted levels this is in the main due to Wirral having set an ambitious target for 2014/15. Wirral is currently the 3rd best performing authority in the North West with regards the average number of delayed discharges per month. The largest proportion of lost bed days continues to be attributable to NHS delays predominantly related to people waiting for further non acute NHS treatment which includes waiting for intermediate care. Weekend access to both intermediate care and transitional care beds has been put in place from December to facilitate weekend discharges. Alongside this the number of beds has also been increased to ensure quicker access to short stay beds. Specific delays are highlighted via a daily teleconference so that action can be taken to reduce delays and address any blockages; this is attended by staff from both the NHS and Social Care.
46	Total number of avoidable admissions per 100,000 population (Better Care Fund)	Local Data (Wirral CCG)	3,059.7		2,871.6	478.6	497.0		A	↔	May	J Evans	This indicator was originally included within the directorate plan as a measure linked to the Better Care Fund. Following further evaluation of the Better Care Fund metrics it was decided by the Department of Health that due to issues with the identification and definition of avoidable admissions that this metric would no longer be reported. As a result there is no data available to enable any further reporting of performance against this measure.

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47	Proportion of people who have received short term services to maximise independence requiring no ongoing support (ASCOF 2D)	Local Data (Liquid Logic)	N/A	N/A	50.0%	50.0%	75.7%	75.7%	G	↑	Jan	C Beyga	This is a new measure introduced as part of the 2014/15 Adult Social Care Outcomes Framework. Performance has consistently exceeded the target set with: 56% of people being completely independent 24% of people require an ongoing care package 17% of people require only ongoing low level support (Assistive Tech) 3% of people require short term support
Ensure that people have a positive experience of care and support													
48	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	Adult Social Care Survey	63.0%	65.8%	67.0%	-	-	67.0%	-	-	-	C Beyga	Annual Indicator
49	Proportion of Social Work assessments completed within 28 days	Local Data (Liquid Logic)	97.4%	N/A	100.0%	100.0%	96.3%	96.3%	G	↑	Jan	C Beyga	The proportion of assessments completed within 28 days was 81% during September and October which is due to the implementation of Liquid Logic and the change in processes that workers have had to adapt to. This has been mitigated against by the use of 'floor walkers' who have supported staff to understand the new system processes.
50	Overall satisfaction of carers with social services (ASCOF 3B)	Carers Survey	Carers survey is biennial - not completed in 2013/14	45.4% 2012-13	46.0%	-	-	46.0%	-	-	-	J Evans	Annual Indicator
51	Proportion of people who use services who find it easy to find information about support (ASCOF 3Di)	Adult Social Care Survey	75.5%	75.0%	80.0%	-	-	80.0%	-	-	-	J Evans	Annual Indicator
52	Improving people's experience of integrated care (ASCOF 3E)	TBC	0.0%	N/A	-	-	-	-	-	-	-	C Beyga	This is a new measure for 2014/15 taken from the Adult Social Care Outcomes Framework. Local Authorities were initially advised to either develop a local measure or to wait for further national guidance regarding a nationally agreed measure. However subsequent analysis of potential existing measures identified a number of shortcomings, particularly in their ability to reflect experience across entire journeys of care and sectors. As a result Local Authorities were advised in August that no national metric would be agreed and it was down to each Local Authority to agree a measure. An intermediate care survey has been introduced this year to capture peoples experience of the service, a new question has recently been incorporated asking: "Did all the different people treating and caring for you work well together to give the best possible care and support?". This question will now also be included in the Adult Social Care Survey
Safeguard adults whose circumstances make them vulnerable and protecting them from harm													
53	Proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B)	Adult Social Care Survey	71.7%	77.0%	80.0%	-	0.0%	80.0%	-	-	-	C Beyga	Annual Indicator
54	Proportion of Safeguarding Alerts actioned within 24hrs	Local Data (Liquid Logic)	98.4%	N/A	100.0%	100.0%	99.5%	99.5%	G	↑	Jan	J Evans	There have been 13 cases out of a total of 2,534 that have fallen outside of target and this is due to waiting for further information from either the referrer or the police. There had been recording issues previously that have been addressed by the design of the new client information system, Liquid Logic. Social workers now have to complete the section on what action is required following a safeguarding alert before they can complete the section on confirming that action has been completed. All safeguarding alerts received since October have been actioned within 24 hours.
55	Proportion of completed scheduled monitoring visits to residential homes	Local Data (QA Team)	100.0%	N/A	100.0%	83.3%	100.0%	100.0%	G	↑	Jan	J Evans	All homes have received a monitoring visit during 2014-15. 75% of homes are currently rated as green under the Quality Assurance Framework, 20% are Amber and 5% are Red.
Transform the business to be as efficient and effective as possible													

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st January 2015



No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
56	Projected net expenditure for 2014-15 as a Proportion of the 2014-2015 net budget for Adult Social Services	Local Data (Finance)	100.0%	N/A	100.0%	100.0%	95.8%	100.0%	A		Dec	G Hodgkinson	Revised Budget = £74.33m Forecast Spend = £77.10m A potential overspend of £2.77 million is forecast at Month 9. This is made up of £2.4 million slippage against current year savings and £0.4 million demand pressures. The level of management actions required to contain budget issues is £3.0 million. Following implementation of the new care management system, financial data has been transferred and an in year reconciliation between old and new systems undertaken which will provide information to monitor future progress.
57	Proportion of care packages able to commence within 24 hours of initial contact with agency (Better Care Fund)	Local Data (CAT Team)	12.5%	N/A	95.0%	95.0%	91.4%	92.0%	G		Jan	J Evans	Data collated by the Care Arranging Team indicates that the availability of providers to commence packages within 24 hours remains within targeted levels. Performance against this measure has deteriorated in December and January with performance during these months at 86% and 84% respectively.

- Performance is improving
Lower is better
- Performance is improving
Higher is better
- Performance is deteriorating
Lower is better

- Performance is deteriorating
Higher is better
- Performance sustained
in line with targets set

- G** Performance within tolerance for target set.
- A** Performance target slightly missed (outside of tolerance).
- R** Performance not on track, action plan required.

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PERFORMANCE ACTION PLAN TEMPLATE

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

INDICATOR OVERVIEW	
Indicator Title	Smoking quitters (4 weeks)
Strategic Director Lead	Policy, Performance & Public Health
Departmental Lead	Julie Webster, Head of Public Health
Target	1900

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	647 Wirral Wide April target is 993
Non-compliance reason	<p>The underperformance of this target is attributed to Wirral NHS Community Trust's under performance. The service has experienced a 45% drop in attendance; a mitigating action plan has been implemented by Wirral NHS Community Trust.</p> <p>This fall in attendance at services is being seen across the region. The increased use of e-cigs is thought to be a significant cause behind this with insight work to date suggesting that more people are choosing to use them to either try to quit on their own, or as a harm reduction step.</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)	<p>Increase in Quit Dates Set* (*Quit Date is the date on which a smoker plans to stop altogether with support from a stop smoking adviser as part of an NHS assisted quit attempt).</p> <p>An increase in 4 week quitters** (**Four-week quitter is a smoker whose quit status is smoke free at four weeks from their quit date. Follow up must occur 25 to 42 days from the quit date)</p>
How (will it be achieved)	<p>Actions taken by Wirral Community NHS Trust include targeted work with GP practices to increase referrals; training of dental staff to refer to the service; insight work with local people and health professionals to understand local behaviour re stopping smoking; the promotion of Stoptober. Further work is required to understand the self-care agenda and the "Livewell" team has facilitated consultation with local people relating to e cigarette use, focusing on knowledge, perceptions, purchasing behaviours and use. It is intended that this learning will inform further service development, including proposals for a cut down</p>

	<p>to quit (harm reduction) pilot, which will work with those smokers struggling to quit straight away.</p> <p>The performance of this target will also be raised in the monthly SLA meeting with Wirral Community NHS Trust. Continued under performance will be subject to standard contractual mechanisms.</p> <p>This will be reported back to commissioner on a monthly basis.</p>
Who (will be responsible)	Rebecca Mellor, Public Health
When (will results be realised)	Quarter 3

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	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)
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	7.91% (December 2014) (Covering the service delivery period April 2013-March 2014) <i>The NDTMS database from which this performance data is drawn is currently out of commission while work is undertaken by Public Health England to update it. While this is going on new performance data on this indicator will not be available. It is not expected to be back on line until the end of January 2015.</i>	+ / - Target : - 0.5%
Non-compliance reason	<p>The profile of the in treatment population is as follows:</p> <ul style="list-style-type: none"> • 46% of those in treatment have been in treatment for at least 6 years (Cluster average 23%). • 50% of those in treatment have a drug using career of over 21 years (Cluster average 21%). • 53% of those in treatment were in their first treatment episode (Cluster average 36%). <p>This data illustrates that a high percentage of those in treatment entered the treatment system 15 to 20 years ago and have never left.</p> <p>The Public Health England report, "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 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 levelled off in 2012-13 following an increasing trend over the previous 7 years.</i>"</p>	

	<p>This issue is particularly pronounced with our in treatment population, as evidenced above.</p> <p>Over the past 6 years, there have been over 1,600 completed treatment journeys. Although some of these have been followed by relapse, this does represent considerable movement of service users' thorough treatment. One effect of this is that those who haven't already achieved recovery, or at least engaged with the process, are those that are less able/equipped/inclined to move on. This group, which represents a growing proportion of those still in the treatment services, present an increasingly difficult challenge to services.</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 .

<p>What (is required)</p>	<ul style="list-style-type: none"> • A refreshed approach to delivering the recovery message to service users that brings new energy and motivation for change. • Greater integration through the treatment and recovery system, from access and entry, through the stabilisation and harm reduction interventions, through to recovery instigation and support. • Peer support needs to be fully factored into the treatment and recovery system. • Data reporting needs to be consistently comprehensive and accurately following the service user through the system to ensure performance is accurately reported.
<p>How (will it be achieved)</p>	<ul style="list-style-type: none"> • Re-tendering process has been undertaken to invite all potential service providers to put forward a redesigned and refreshed integrated model of treatment and recovery for Wirral. • This process has now been completed. A new partnership, led by CRI, has won the contract and is currently working with outgoing providers to manage a smooth and safe transition, and mobilise the new contract for 1st February 2015. • The under-performance for this target will continue to be a high priority with the new Provider(s), after 1st Feb, but in the meantime will remain an issue raised with the outgoing provider. • As part of contract meeting requirements, regular monitoring of performance data to drive high performance, and ensure data accuracy, will continue. The new partnership is introducing one data base across the whole system. This offers potential for improved, more efficient, performance reporting along the treatment and recovery pathway. • System meetings to improve communication, integration and co-operation will continue within the new partnership model. These will focus on improving the overall effectiveness and efficiency of the system. • The current provider will continue to implement action plans as previously agreed and designed and delivered to improve performance and deliver the targets (e.g. remedial actions plans developed by Cheshire and Wirral Partnership in response to the initiation of a number of contract queries as part of the SLA monitoring process).

Who (will be responsible)	Cheshire and Wirral Partnership NHS Foundation Trust as the biggest current contributor to the target will continue to be responsible for delivering this performance until 31 st January 2015. From 1 st February this responsibility will pass to CRI as the lead provider in the new partnership.
When (will results be realised)	The performance in terms of treatment completions has improved over the past 3 months but the impact of this improved performance will not register on this indicator for 6 months and therefore it will not be on target by the end of the contract (31 st January). Some disruption to service delivery can be expected in the first 3 months of the new contract, due to transitional disruption, but the expectation is that a steady improvement in performance begins to appear in the second quarter of the new financial year.

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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	Timeliness of Adoptions, within 12 months of decision date
Strategic Director Lead	Clare Fish
Departmental Lead	S Butcher
Target	80% (December 2014) / 80% (March 2015)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	68.1 % + / - Target: -11.9 %
Non-compliance reason	<p>Of the 22 adoptions completed during 2014/15 to date, a total of 15 children have been placed within 12 months of the decision date.</p> <p>(3 of these adoptions have taken place since the last report and were all in time).</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)	<p>One further adoption is anticipated before the 31st March, which will take the total figure for the 2014/15 to 23. If the court care plan is accepted by the judge at the next hearing this will also be in time. (16 of 23 which is 69.5%) .</p> <p>Tracking will increase to weekly for the rest of 2014/15 and 2015/16 to identify and chase delay. It will also be widened to cover the adoption work being carried out in the districts.</p>
How (will it be achieved)	<p>The Adoption Service manager has planned a series of workshops for social workers in front line district teams to improve their understanding of adoption timescales and what makes a good Child Permanence Report, later life letters and life story books. . This should mean that less time is spent on quality assurance processes and minimises delay in reaching a 'should be placed for adoption' decision for the child.</p> <p>The Permanence Policy has been reviewed, signed off and is being promoted to workers. A greater understanding of the routes to permanence will facilitate the child's journey to adoption.</p> <p>The adoption service will increase its oversight of the assessment and approval of prospective adopters with particular focus on stage 2 of the assessment process. This is more likely to shorten the time it takes</p>

	<p>to recruit adopters as stage one is adopter led.</p> <p>Currently, all children with a plan for adoption have a family identified for them. This is a positive position from which to minimise delays going forward.</p>
Who (will be responsible)	Simon Fisher Senior Manager, Children in Care
When (will results be realised)	<p>If the pending adoption progresses smoothly through the court process the indicator will have risen to 69.5% by 31st March 2015</p> <p>We anticipate further improved performance in 2015/16 to meet the standards set out in the government's Adoption Scorecard.</p>

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	Average monthly lost bed days due to delayed transfers of care per 100,000
Strategic Director Lead	Clare Fish
Departmental Lead	Jacqui Evans
Target	62.6 (Dec '14) / 61.3 (Mar '15)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	77.9 + / - Target: +15.3 (+24.4%)
Non-compliance reason	<p>Whilst performance remains below targeted levels this is in the main due to Wirral having set an ambitious target for 2014/15. Wirral is currently the 3rd best performing authority in the North West with regards the average number of delayed discharges per month.</p> <p>All areas across the North West are currently under significant pressure.</p> <p>Comparing the total lost bed days between Apr and Oct 2013-14 to the total for the same period in 2014-15 shows a 26.8% increase.</p> <p>The increased trajectory is predominantly due to delays attributable solely to the NHS. Of the total lost beds days in 14-15; 56% are attributable solely to the NHS, the same period in 2013-14 was 36%.</p> <p>Further analysis of the data indicates the primary reason for NHS delays is due to patients awaiting further non-acute treatment which will include intermediate care and transitional care beds.</p> <p>Full seven day working has not yet been successfully implemented due to several factors including HR issues, recruitment delays and consultation on new job descriptions.</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)	In order to achieve a RAG rating of 'green' by March 2015 the average number of lost bed days per month would need to be below 100 between December and March, the average so far in 2014-15 has been 198.
How (will it be achieved)	Weekend access to both intermediate care and transitional care beds has been put in place from December to facilitate weekend discharges. Alongside this the number of beds has also been increased by 22 to ensure quicker access to short stay beds. Daily monitoring of capacity is also in place.

	<p>Intermediate Care pathway redesign work has been recently completed with new simplified pathways and processes set to be briefed to staff by the end of January.</p> <p>It is envisaged that full implementation of seven day working will be achieved by April 2015 for priority teams such as Integrated Discharge Team, Care Arranging Team and Intermediate Care. 7 day working in Integrated Care Co-Ordination teams will be achieved by September 2015.</p> <p>Specific delays are highlighted via a daily teleconference so that action can be taken to reduce delays and address any blockages; this is attended by staff from both the NHS and Social Care.</p> <p>Identification of a home of choice can sometimes be a contributing factor to lost bed days, to mitigate against this there has been some specific work carried out with staff to support families to reduce the time spent looking for their home of choice.</p> <p>Wirral University Teaching Hospital is also looking to embed daily board rounds to ensure the discharge process can start as early as possible.</p>
Who (will be responsible)	Jacqui Evans (Head of Service – Transformation)
When (will results be realised)	<p>The introduction of weekend access to intermediate care and transitional care should have an immediate impact on the number of lost bed days.</p> <p>The biggest impact will be seen once full seven day working has been implemented which is expected to be staggered between April and September 15.</p>

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

23 MARCH 2015

SUBJECT	FINANCIAL MONITORING 2014/15 MONTH 10 (JANUARY 2015)
WARD/S AFFECTED	ALL
REPORT OF	ACTING SECTION 151 OFFICER

1 EXECUTIVE SUMMARY

- 1.1 This report sets out the financial monitoring information for this Committee in a format consistent across the Policy and Performance Committees. The report aims to give Members sufficient detail to scrutinise budget performance for the Directorate. Financial information for Month 10 (January 2015) which was reported to Cabinet on 12 March is included.

2 BACKGROUND AND KEY ISSUES

- 2.1 Members of the Policy and Performance Committees have previously 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 The Coordinating Committee has 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 REPORTING TO POLICY & PERFORMANCE COMMITTEES

- 3.1 The relevant sections from the most recent revenue and capital monitoring reports reported to Cabinet are summarised into a bespoke report for each Policy and Performance Committee. 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 12 March 2015.

PERFORMANCE AGAINST REVENUE BUDGETS MONTH 10 (MARCH 2015)

3.3 CHANGES TO THE AGREED BUDGET

3.3.1 2014/15 Original & Revised Net Budget £000's

	Original Net Budget	Approved Budget Changes Prior Mths	Approved Budget Changes Month 10	Revised Net Budget
FWB - Adult Social Services	74,667	-337	-	74,330
FWB – Children & YP, Schools & Safeguarding	82,877	-3102	11	79,786
FWB - Sport & Recreation	8,502	-66	-	8,436
Net Cost of Services	166,046	-3,505	11	162,552

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 2014/15 Projected Budget variations £000's

Directorates	Revised Budget	Forecast Outturn	(Under) Overspend Month 10	RAGBY Classification	Change from prev
FWB - Adult Social Services	74,330	77,075	2,745	R	-24
FWB – Children & YP, Schools & Safeguarding	79,786	79,982	196	A	-1
FWB - Sport & Recreation	8,436	8,695	259	A	44
TOTAL	162,552	165,752	3,200		19

Directorate Updates

Families and Wellbeing: Adults

3.4.3 A potential overspend of £2.74 million is forecast at Month 10. This is made up of £2.4 million slippage against current year savings and £0.34 million demand pressures. The level of management actions required to contain budget issues has reduced significantly from £3.0 million in Month 9 to £2.3 million due to substantial progress made in relation to Health-funded packages of care. Following implementation of the new care management system, financial data has been transferred and an in year reconciliation between old and new systems undertaken which will provide information to monitor future progress.

3.4.4 Day Services are likely to only achieve in year £370,000 of the £750,000 2014/15 saving, due to part year impact of implementation, with the balance

slipping into 2015/16. The full saving will be made from 1 April 2015 when the new service commences.

- 3.4.5 Targeting support through NHS contracts and targeting Council resources are large 2014/15 savings options. The review of current cases remains challenging, however revised processes and tightened procedures are now in place for all new packages and current packages are being picked up through the review process.
- 3.4.6 Demand for Adult Social Care continues to increase and the mix of services provided to individuals continues to vary as a consequence. These changes together with the outcome of case reviews impact on the forecasted spend across care areas. At this stage there remains a £400,000 projected overspend.
- 3.4.7 The review of Continuing Health Care Appeals has required liaison. Whilst a number of hurdles have now been cleared the NHS project includes a lengthy 10 stage process. This is taking longer than initially envisaged delaying the achievement of the £500,000 saving.
- 3.4.8 A number of the savings are linked to increased income, the main item being the income from the domiciliary care block contracts. The £250,000 target is viewed as achievable but the full target is unlikely to be reached until 2015/16.
- 3.4.9 Management actions include:-
- The assessment and review of cases is key and a Business Case is being prepared about the potential recruitment of additional temporary support in order to progress the reviews.
 - For the high cost placements an additional review is being undertaken by the Head of Service and Director.
 - A Transformation Group supported by colleagues from other Directorates monitors progress and has given greater focus to ensure that scarce resources are targeted towards achieving the savings.
 - Review of other Directorate budgets to ascertain if any efficiencies can be identified to mitigate against the projected overspend being forecast. This includes the use of the monies set-aside as a result of the early delivery of savings achieved in 2013/14.

Families and Wellbeing: Children's

- 3.4.10 There has been a stabilising of the position within this area with the overspend remaining at the same level as at month 9. Pressures continue within the areas of Social Care, in particular the costs of agency staff and within the transport budget all of which are being closely managed.
- 3.4.11 As previously reported the savings attributed to changes in the Day Nursery provision have slipped. This will be compensated for from savings within the service and use of the early learning reserve.

3.4.12 A number of management actions are being taken with regards to controlling the overspend, these are -

- Restructures across the department are being implemented and are closely managed to minimise the impact on services and staff, whilst keeping slippage on savings targets as low as possible.
- There is a rolling programme of recruitment to Social Work positions. Agency costs and placements are reviewed on a monthly basis.
- Residential Care placements are by a multi-agency panel and no decision is made below head of service. Progress and packages of care are closely monitored by the Head of Service in monthly meetings to ensure that decisions are implemented and overall costs for children entering and leaving care are clearly understood.
- Budget progress is reported and reviewed monthly at DMT with opportunities to maximise grant and external funding are constantly reviewed.

3.4.13 **Sport & Recreation:** An adverse variance of £259,000 is currently forecast which is attributable to elements of the transformation programme taking longer to deliver than was originally anticipated.

3.4.14 RAGBY full details

Department	Number of Budget Areas					
		Red	Amber	Green	Blue	Yellow
Adult Social Services	2	1	0	1	0	0
Children & Young People, & Schools	5	2	0	1	0	2
Safeguarding	1	0	0	1	0	0
Sports & Rec	1	0	1	0	0	0
Total	9	3	1	3	0	2

3.4.15 Three business areas are currently flagged as red rated. They relate to:

- Delivery within Families and Wellbeing (Adult Social Services). This relates mainly to the delivery of some 2014/15 savings for which management actions are as outlined earlier in the report.
- Integrated Transport Unit within Families and Wellbeing (Children's). Overall against the £556,000 target for both the Children's (£306,000) and Adults (£250,000) provision there is £90,000 shown as being achieved. There is £104,000 of travel grant monies brought forward that will help to offset the savings target leaving a potential shortfall of £362,000. The overspend is also attributable to the Depot savings target of £100,000 which has only been partially met by the relocation of the Reeds Lane Depot and the lease of the Salt Barn.
- Specialist Services within Families and Wellbeing (Children's). The main reasons for the projected overspend remains to be in relation to the cost of agency staff (currently 39 in Fieldwork) exceeding the established employee budget however there are contributions from

reserves helping to reduce the impact. The forecast for Residential placements exceeds the available budget by £0.6 million with 43 in residential and 16 in semi-independent placements compared to 45 and 34 at the start of the financial year respectively. Fostering is £0.6 million over budget with 37 in non-local authority placements compared to 34 at the start of the year.

3.4.16 Two business areas are currently flagged as yellow rated. They relate to:

- Targeted Services within Families and Wellbeing (Children’s). There are reduced budgetary pressures within Youth & Play and, although New Brighton Day Nursery has transferred, the remaining 5 nurseries are subject to ongoing discussions. The additional costs to the end of March have been offset by a reserve and vacancies.
- Universal Services within Families and Wellbeing (Children’s) - Vacant posts within Admin contribute largely towards the under spend together with a projected £150,000 under spend against the redundancy/severance budget relating to teachers.

3.5 IMPLEMENTATION OF 2014/15 SAVINGS

3.5.1 Budget Implementation Plan 2014/15 £000’s

BRAG	Number of savings Options	Approved Budget Reduction	Amount Delivered at January	Still to be Delivered
B - delivered	33	6,727	6,727	0
G – on track	14	3,228	730	2,448
A - concerns	16	7,326	874	5,791
R - high risk/ not achieved	3	1,106	295	550
P – mitigation achieved	0	0	972	0
Total at M10 Jan	66	18,387	9,598	8,789

3.5.2 The Red rated options relates to the following:

- **Continuing Health Care Appeals** – This is an NHS led project involving a number of separate stages. This has taken longer than envisaged which has impacted on the timing of the delivery of the saving in 2014/15.
- **External Funding Expertise** - Post on hold subject to review. Mitigation will be required for this £50,000 saving.
- **Transport Policies** - £306,000 to be delivered through new transport CYPD policies and £250,000 for DASS. Contracts have been re-tendered and routes updated. Although there has been some reduction in numbers of children and adults receiving transport this has not met the agreed target to date. This area continues to be closely monitored.

A number of other options are rated as amber and are being closely monitored during the year.

3.6 PERFORMANCE AGAINST CAPITAL BUDGETS MONTH 10 (JAN 2015)

3.6.1 Table 1: Capital Budget

	Capital Strategy	Changes approved by Cabinet	Changes not yet approved/ noted	Revised Capital Programme	Actual Spend Jan 2015
Families & Wellbeing – Children	10,998	-688	-2,150	8,160	6,822
Families & Wellbeing – Adults	3,611	-38	-950	2,623	1,140
Families & Wellbeing – Sport & Recreation	1,000	1,157	0	2,157	833
Total expenditure	15,609	431	-3,100	12,940	8,795

Children and Young People

- 3.6.2 Large school projects (over £500,000) are progressing well. The last phase of the Somerville Primary School project to remove poor quality mobile accommodation will be handed over in February with final demolition and ground works scheduled for Easter. Hoylake Holy Trinity School final phase will be completed in March.
- 3.6.3 Projects at Elleray Park (£1.2 million) and Woodsee Primary (£550,000) will start on site mid-February. Other new start projects anticipated in the next couple of months are: Fender Primary to create 2 additional classrooms and remodelling (£600,000), Thingwall Primary remodelling and removal of mobile accommodation (£300,000), isolation of retained Stanley School staffroom/offices and creation of sports pitch (£275,000).
- 3.6.4 Advanced design work at a number of schools identified in last year's Capital programme are reaching their final stages; detailed drawings, costing, delivery mechanisms and procurement will then follow.
- 3.6.5 The new Foxfield Special School built under the Governments Priority School Building Programme (1) will open to pupils on March 2.
- 3.6.6 Regarding the other two schools in the Priority School Building Programme (1) - Bedford Drive will commence on site during summer 2015 with completion anticipated August 2016; Ridgeway High School will commence on site summer 2016 with completion in August 2017. The Council's recent bid for 3 projects in the Priority School Building Programme (2) round was unfortunately unsuccessful; these schemes will be considered for alternative capital funding.
- 3.6.7 Regarding the Youth Zone, legal documentation has been drafted between OnSide Youth Zones and Hill Dickenson and competitive tendering undertaken for the building works. A formal planning application is expected in

April. To date 66% of the overall funding (£6 million) has been secured with OnSide hoping to secure the rest by July. The facility should be open by early 2017 so the Council's contribution is now likely to be phased over 2015/16 and 2016/17.

3.6.8 Three year Capital allocations for schools have recently been announced to address school condition requirements and basic need (pupil places). The three year allocation will improve planning and delivery of schemes over the period. A Programme will be drawn up for Member approval based upon condition survey outcomes in schools, pupil place forecasts and suitability needs of schools. The allocations will be reflected in the 2015/6 and 2016/17 Programme following Ciouncil

Allocation	2015/16 £000	2016/17 £000	2017/18 £000
Basic Need	1,347	1,414	831
School Condition			
Maintained	2,794	2,794	2,794
Aided	1,097	1,097	1,097
Devolved Formula Capital			
Maintained	646		
Aided	229		

Adults

3.6.9 The Integrated I.T. scheme (Liquidlogic) went live during September 2014.

3.6.10 Next phase of the Liquidlogic project will see the procurement and implementation of the additional modules relating to the citizen and provider portals. Implementation will support the delivery of some Care Act duties from April 2015.

3.6.11 Transformation of Day Services is ongoing. Plans for the local authority implementation have been delayed slightly resulting in some of the capital works also being delayed until next year.

Sport and Recreation

3.6.12 All projects are now underway at Guinea Gap with completion now set for 20 February. The first phase of work at West Kirby is complete with the next phase to be completed by December 2015.

3.6.13 The work on the 3G football pitches at Guinea Gap commenced on 30 July and was completed in early January and the pitches are being well used by local groups.

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.

7.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

7.1 There is an ongoing requirement to identify during the financial year necessary actions to mitigate any forecast overspend.

8 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

8.1 There are no implications arising directly from this report.

9 RESOURCE IMPLICATIONS: FINANCIAL, IT, STAFFING AND ASSETS

9.1 In respect of the Revenue Budget the Families and Wellbeing Directorate is projecting a £3.2m over spend as at the 31 January 2015.

10 LEGAL IMPLICATIONS

10.1 There are no implications arising directly from this report.

11 EQUALITIES IMPLICATIONS

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

12 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

12.1 There are no implications arising directly from this report.

13 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 There are no implications arising directly from this report.

14 RECOMMENDATIONS

14.1 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.

15 REASONS FOR THE RECOMMENDATIONS

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

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APPENDICES

Extracted from the Capital Monitoring report to Cabinet on 12 March 2015:-
Annex 1 Revised Capital Programme and Funding 2014/15 and Programme
2015/16

SUBJECT HISTORY

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

Annex 1 Revised Capital Programme

	Revised Programme £000	Actual £000	Council Resources £000	Grants £000	Revenue/ Reserves £000	Total £000	Programme 2015/16	
Families and Wellbeing - CYP								
Elleray Park Special School redevelopment	50	13	50			50	950	Start Up
School remodelling/additional classrooms	236	185	0	236		236	1,850	Start Up/Delivery
Children's centres	106	23		106		106	100	Approval
Aiming Higher for Disabled Children	90	64		90		90		StartUp/Delivery
Youth Capital	149		98	51		149		Approval
Birkenhead High Girls Academy	472	392		403	69	472		Delivery
Vehicle Procurement	123	106			123	123	17	Delivery
Condition/Modernisation	3,590	3,211		3,590		3,590	4,500	Delivery/Completion
Basic Need	100			100		100		Conception
Family Support Scheme	55	1	55			55	200	Approval
Private Finance Initiative	0				0	0	150	Conception
Wirral Youth Zone	85	57	85			85	2,000	Approval
Funding for 2 year olds	130	111		130		130		Start Up
Foxfield contribution to priority school	1,000	1,072	500	500		1,000		Completion
Somerville Primary School	1,350	898	600	750		1,350		Delivery/Completion
Universal Free School Meals	624	689		624		624		Delivery/Completion
	8,160	6,822	1,388	6,580	192	8,160	9,767	
Families and Wellbeing - DASS								
Citizen and Provider Portal for Social and Health Services	0			0		0	617	Start Up
Transformation of Day Service	750	129		750		750	500	Start Up
Integrated IT	1,873	1,011	1,000	873		1,873	627	Start Up/Delivery
Extra Care Housing	0					0	1,500	Conception
LD extra care housing	0					0	1,396	Conception
	2,623	1,140	1,000	1,623	0	2,623	4,640	
Families and Wellbeing - Sports & Recreation								
West Kirby/Guinea Gap/Europa	1,800	687	1,800			1,800	1,200	Delivery
Guinea Gap 3G Football pitches	245	146	245			245		Delivery
West Kirby Concourse Fitness Suite	112		112			112		Conception
	2,157	833	2,157	0	0	2,157	1,200	

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

23RD MARCH 2015

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

1.0 EXECUTIVE SUMMARY

- 1.1 This report updates Members on progress towards delivering the work programme for the Families and Wellbeing Policy & Performance Committee.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Families and Wellbeing Policy & Performance Committee is responsible for proposing and delivering an annual work programme. This work programme should align with the corporate priorities of the Council and be informed by service priorities and performance, risk management information, public or service user feedback and referrals from Cabinet or Council.
- 2.2 The work programme is made up of a combination of scrutiny reviews, standing items and requested officer reports. This provides the committee with an opportunity to plan and regularly review its work across the municipal year. The current work programme for the Committee is attached as Appendix 1.

3.0 CURRENT / RECENT SCRUTINY REVIEWS - UPDATE

- 3.1 Safeguarding Children Scrutiny Review
Further evidence-gathering sessions are being held and it is still planned for the review to be concluded before the end of the municipal year. It is envisaged that the report from this scrutiny review will be available for the first Committee meeting of the new municipal year.
- 3.2 Care in the community and avoiding admissions.
The previous meeting of the Committee, held on 2nd February, agreed to undertake a task & finish group review of the relationship between the provision of care in the community and the necessity for admission of people to residential and nursing homes and hospital admissions / re-admissions. Nominated members to the task & finish group are Councillors Bruce Berry, Alan Brighthouse, Treena Johnson, Moira McLaughlin, Denise Roberts and Christine Spriggs. It is now hoped to agree the scope of the review and commence the evidence-gathering in the new municipal year.

4.0 REPORTS DISTRIBUTED TO MEMBERS SINCE THE LAST COMMITTEE MEETING

- 4.1 At a previous meeting, Committee agreed, in principle, that in order to reduce the number of agenda items at meetings, some reports will be distributed to Committee Members outside the committee schedule. In order to maintain public transparency, it was also agreed that all reports dealt with in this way will be highlighted in this report.
- 4.2 Since the last Committee meeting, no reports have been distributed to members in this way.

5.0 SPOTLIGHT SESSIONS

- 5.1 At a previous meeting, Committee agreed, in principle, for members to hold Spotlight sessions, which, in an informal setting, will enable a topic to be explored in greater detail than time would allow during a formal Committee meeting.
- 5.2 One session has been held recently:
- An information session led by CRI, the providers of drug and alcohol services (21st January 2015)
- 5.3 It has been agreed that, due to the closeness of the election period, no further Spotlight sessions will be organised during this municipal year. However, it is hoped that further sessions will be held during the next municipal year. Initial suggestions include:
- Work programme planning workshop – It is proposed to hold a workshop in June (prior to the first formal meeting of the Committee, which is scheduled for early July) to enable members to discuss their priorities for the new municipal year and develop thinking on the Committee's work programme.
 - NHS & Social Care Integration plus Vision 2018
 - Implementation of the Care Act (a follow-up session to the one held in January 2015)

6.0 ATTAINMENT SUB-COMMITTEE

- 6.1 The latest meeting of the Attainment Sub-Committee was held on 4th March. The minutes of that meeting are included as a separate item on the agenda for this meeting. No further meetings of the Attainment Sub-Committee are scheduled during this municipal year.

7.0 HEALTH & CARE PERFORMANCE PANEL

- 7.1 A meeting of the Health & Care Performance Panel was held on the 4th February, when the main item on the agenda related to the domiciliary care service. A report from that meeting can be found as a separate item on the agenda for this meeting.
- 7.2 The next meeting of the Panel is arranged for 1st April at which officers from Wirral University Teaching Hospital will provide an update to the action plan arising from the recent CQC inspection. A further meeting is scheduled for 12th May when it is planned to review the draft Quality Accounts of the local health providers (Wirral University Teaching Hospital, Cheshire and Wirral Partnership Trust, Wirral Community Trust, Clatterbridge Cancer Centre and North West Ambulance Service).

8.0 CARE QUALITY COMMISSION – PLANNED INSPECTION OF CHESHIRE & WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

- 8.1 A letter has been received from the Care Quality Commission (CQC) advising the Chair of the Committee of the April-June 2015 CQC Inspection programme. The programme includes an announced inspection of Cheshire and Wirral Partnership NHS Foundation Trust. The inspection is scheduled for June 2015. The CQC is signalling its intention to make contact with relevant Health Overview and Scrutiny Committees before inspections take place to provide an opportunity for Committees to advise on how best the CQC may gather people's experiences of care and to share information they have about the services subject to inspection.
- 8.2 In view of the inspection timescales for Cheshire & Wirral Partnership Trust, it is proposed that following preparation by Council officers, the Chair and Spokespersons be authorised to finalise any response from this Committee.

9.0 PROGRESS IMPLEMENTING PREVIOUS RECOMMENDATIONS

- 9.1 An update regarding the monitoring of outstanding recommendations from previous scrutiny reviews for this Committee was provided at the previous meeting, held on 2nd February 2015. No further updates are currently available.

10.0 FRAMEWORK FOR EFFECTIVE WORKING BETWEEN THE HEALTH & WELLBEING BOARD, HEALTHWATCH AND HEALTH SCRUTINY

- 10.1 Committee has been previously informed of the intention to hold a meeting between representatives of health scrutiny, Healthwatch and the Health & Wellbeing Board to propose areas for collaborative working and avoid duplication between the three bodies. The first meeting was held on 4th February 2015, with a follow-up meeting now arranged for 13th April. It is hoped that a draft protocol can be developed for discussion by this Committee at a future date.

11.0 RECOMMENDATIONS

- 11.1 Members are requested to approve the updated Families and Wellbeing Policy & Performance Committee work programme for 2014/15 as shown in the appendix, making any necessary amendments.
- 11.2 In view of the Care Quality Commission inspection timescales for Cheshire & Wirral Partnership NHS Foundation Trust, it is suggested that following preparation by Council officers, the Chair and Spokespersons be authorised to finalise any response to the CQC from this Committee regarding requested information.

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2014-15 Families and Wellbeing Policy & Performance Committee - Work Programme

Updated - 02/03/2015

Key Activities	Lead Member / Officer	Reason for Review	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	April 2015	Outcome
Committee Dates					Tues 8th		Tues 9th		Mon 3rd	Tues 2nd		Mon 2nd	Mon 23rd		
Scheduled Reviews															
Safeguarding Children	Clr Moira McLaughlin	Agreed by P&P Committee on 5th Dec 2013													
Domestic Violence	Clr Janette Williamson	Agreed by P&P Committee on 9th Sept 2013													In abeyance
Future Council options	Clr Moira McLaughlin	Part of Future Council process													Complete - Report submitted to Cabinet on 09/12/14.
Reducing hospital admission and dependency on nursing and residential home for older people		Proposed by Spokespersons - July 2013													12/08/14 - Spokespersons agreed to prioritise this review for early 2015. 02/02/15 - Committee agreed to establish a Task & Finish Group.
Impact Report from previous In-depth Reviews															
Looked After Children Review															Committee (02/12/14) requested future progress report in Dec 2015
Implications of the Francis Report for Wirral															12/08/14 - Spokespersons agreed to refer this item to the Health & Care Performance Panel. A report was presented to the Panel on 20/10/14.
Review of Co-optees															12/08/14 - Spokespersons agreed to remove this item from the 2014/15 work programme
Quality Assurance and Standards in Care Homes															12/08/14 - Spokespersons agreed to refer this item to the Health & Care Performance Panel. A report was discussed by the Panel on 19/11/14.
Reports Requested to Committee															
Families and Wellbeing Departmental Plan	Clare Fish														
Cheshire, Warrington & Wirral Area Team of NHS England, Two Year Plan (to include proposed service reviews)	Andrew Crawshaw	Item requested by NHS England Area Team													Complete, although NHS England Area Team will update members during the next 2 years regarding specific projects
Clatterbridge Cancer Centre - Restructuring proposals (Are the proposals a substantial variation to service for Wirral?)	Jacqueline Robinson	Item offered by Clatterbridge Cancer Centre													08/07/14 - Members agreed that the proposals were a substantial variation to service. Wirral has participated in the joint scrutiny review across Merseyside and Cheshire Local Authorities. Complete. (02/02/15) Chair and Spokesperson of largest opposition group proposed as members of ongoing discretionary joint scrutiny Committee.
Future Council - outline of process															Further scrutiny of specific Future Council options / proposals took place during Sept / Oct 2014. Complete
Community Dental Service Procurement	Richard Freeman	Item requested by NHS England Area Team													Complete
Specialised Commissioning	Richard Freeman	Item requested by NHS England Area Team													Complete
Traded Services - proposed changes to service delivery	Clare Fish / David Armstrong														Committee (02/12/14) requested future progress updates, which will be provided in 2015/16 municipal year.
Safeguarding Annual Report 2013/14	Julia Hassall / Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													Complete
Leisure Review	Clare Fish														Complete
All-age Disability Service	Julia Hassall / Graham Hodkinson														Deferred until 2015/16 municipal year
Anti-social Behaviour, emphasising on youth	Julia Hassall	Agreed by P&P Committee 28th Jan 2014													Committee (02/02/15) requested update in March 2015 regarding outcome of the organisational review re anti social behaviour and community safety. Report deferred until 2015/16 municipal year.
Child Poverty Strategy - update	Julia Hassall														Committee (02/02/15) requested future updates re effectiveness of the child poverty strategy.
Early Years and Children's Centres	Julia Hassall / Deborah Gornik	Agreed by Spokespersons 6th Nov 2014													
An asset based approach to support: 'Using social care resources effectively to transform lives	Graham Hodkinson	Agreed by Spokespersons 6th Nov 2014													Complete
Sexual Health Service - Proposed service change	Fiona Johnstone / Julie Graham														Complete
Wirral University Teaching Hospital - Cost Improvement Plan	Anthony Hassall (WUTH)	Requested by Chair, 11th Dec 2014													Committee (02/02/15) requested future quarterly updates (ie, June / July 2015)
Wirral University Teaching Hospital - A&E targets	Anthony Hassall (WUTH)	Agreed by Spokespersons 7th Jan 2015													Committee (02/02/15) requested future quarterly updates (ie, June / July 2015)
North West Ambulance Service - Impact of A&E and winter pressures		Agreed by P&P Committee, 2nd Feb 2015													

Key Activities	Lead Member / Officer	Reason for Review	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	April 2015	Outcome
Overview of Vision 2018	Clare Fish	Agreed by Spokespersons, 24th Feb 2015													
Disability service for children: budget option - progress report	Julia Hassall	Agreed by Spokespersons, 24th Feb 2015													
Reports to be distributed to Members for information															
Audit on Public Health Annual Report 2012/13 (Social Isolation) - The response of partners	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													
Public Health Annual Report 2013/14	Fiona Johnstone / Julie Webster														
Fostering Annual Report	Julia Hassall														
Adoption Annual Report	Julia Hassall														
Health & Wellbeing Strategy	Fiona Johnstone														
Local Government Declaration on Tobacco Control - update	Julie Webster	Agreed by Spokespersons 7th January 2014													
Referrals from other Committees															
NOM - Local Government Declaration on Tobacco Control	Fiona Johnstone	Agreed by P&P Committee 28th Jan 2014													Follow-up Report - proposed Jan 2015
NOM - Becoming a 'Dementia-friendly' Council	Proposed: Cllr Tom Anderson; Seconded: Cllr Tracey Smith	Referred from Council, 14th July 2014													Follow-up report - deferred until 2015/16 municipal year
Standing Items															
Performance Dashboard															
Financial Monitoring															
Policy Update															
Special Budget meeting															
Spotlight Sessions															
Overview of the NHS framework	Fiona Johnstone	Agreed by F&W P&P Committee 8th July 2014				14th									Complete
Proposed implementation of the Care Act 2014	Graham Hodgkinson	Agreed by F&W P&P Committee 8th July 2014									8th				Proposed to hold a follow-up session in approx 6 months (July 2015)
Children & Families Act - Update	Julia Hassall	Proposed by Spokespersons 10th March 2014							27th						Complete
CRI - Provider of Drug and Alcohol Service	Julie Webster / CRI	Agreed by Chair 9th Dec 2014									21st				Complete
NHS & Social Care Integration plus Vision 2018	Graham Hodgkinson	Proposed by Spokespersons 12th August 2014													Date to be arranged in 2015/16 municipal year
Health Inequalities	Fiona Johnstone	Proposed by F&W P&P Committee 8th July 2014													Date to be arranged in 2015/16 municipal year
Attainment Sub-Committee															
Sub-Committee meetings								1st			10th			4th	
Health & Care Performance Panel															
Panel meetings									20th	19th	11th		4th		1st
															Draft Quality Accounts of health partners will be reviewed at a session on Tuesday 12th May 2015