



## Policy and Performance - Families and Wellbeing Committee

<b>Date:</b>	<b>Tuesday, 30 June 2015</b>
<b>Time:</b>	<b>6.00 pm</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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### AGENDA

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

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

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

**2. MINUTES (Pages 1 - 10)**

To approve the accuracy of the minutes of the last meeting of the Families and Wellbeing Policy and Performance Committee held on 23 March 2015.

**3. MINUTES OF THE ATTAINMENT SUB COMMITTEE- 4 MARCH 2015 (Pages 11 - 16)**

**4. REPORT OF THE CHAIR FROM MEETINGS OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 1 APRIL AND 12 MAY 2015 (Pages 17 - 22)**

5. **FAMILIES AND WELLBEING DASHBOARD (INCLUDING PUBLIC HEALTH) (Pages 23 - 56)**
6. **DISABILITY SERVICE FOR CHILDREN: BUDGET OPTION - PROGRESS REPORT (Pages 57 - 64)**
7. **PUBLIC HEALTH ANNUAL REPORT**  
  
To receive a verbal presentation from the Director of Public Health.
8. **HEALTH AND CARE PANEL - ARRANGEMENTS FOR 2015/16 MUNICIPAL YEAR (Pages 65 - 70)**
9. **CHILDREN SUB-COMMITTEE - ARRANGEMENTS FOR 2015/16 MUNICIPAL YEAR (Pages 71 - 76)**
10. **DRAFT PROTOCOL TO PROMOTE MORE EFFECTIVE JOINT WORKING BETWEEN HEALTH & WELLBEING BOARD, HEALTHWATCH AND HEALTH SCRUTINY (Pages 77 - 88)**
11. **POLICY INFORM BRIEFING PAPER (Pages 89 - 106)**
12. **WORK PROGRAMME (Pages 107 - 112)**

## **POLICY AND PERFORMANCE - FAMILIES AND WELLBEING COMMITTEE**

Monday, 23 March 2015

Present: Councillor M McLaughlin (Chair)

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

Also Present:

Ms Val McGee, Wirral community NHS Trust  
Ms S Quinn, Cheshire and Wirral Partnership NHS Trust  
Mr D Allison, Wirral University Teaching Hospital  
Mr J Wicks, Wirral Clinical Commissioning Group  
Dr P Naylor, Wirral Clinical Commissioning Group

Deputies:

Councillor J Salter (in place of Councillor D Roberts)

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

Councillor C Povall declared a Personal Interest in Item 4 – Update Report regarding A&E and Winter Pressures – North West Ambulance Service by virtue of her son being a manager.

Councillor M McLaughlin declared a Personal Interest in Item 5 – Wirral University Teaching Hospital – Financial Update by virtue of her daughter being an NHS employee.

Councillor T Norbury declared a Personal Interest in Item 7 – by virtue of his sister's employment at a Children's Centre.

### 51 **MINUTES**

**RESOLVED:**

**That the Minutes of the Families and Wellbeing Policy and Performance Committee held on 2 February 2015.**

**52 REPORT OF THE CHAIR FROM MEETINGS OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 4 FEBRUARY 2015**

The Chair of the Health and Care Performance Panel introduced the report which provided feedback on the key issues arising from the meeting held on 4 February 2015.

The Chair indicated that the Panel at its meeting had received a report regarding health scrutiny training requirements for Members; the Chair indicated that if any Members had any specific suggestions for scrutiny training these should be forwarded to Alan Veitch.

In relation to domiciliary care and in response to a Member, Ms Jacqui Evans, Head of Transformation, Department of Adult Social Services indicated that the providers were encouraged to work with the Ethical Care Charter, however some staff had requested a zero hours contract. Ms Evans indicated that the Department had regular contract monitoring meetings with providers and this issue would be kept under review.

A Member asked if all reports in relation to critical CQC inspections could be in the future shared with the relevant Ward members.

**RESOLVED: That**

- (1) the report of the meeting of the Health and Care Performance Panel held on 4 February 2015 be noted;**
- (2) the Chair in consultation with the Spokespersons be authorised to finalise the responses to the draft Quality Accounts; and**
- (3) all reports in relation to critical CQC inspections be shared with the relevant Ward members**

**53 UPDATE REPORT REGARDING A&E AND WINTER PRESSURES - NORTH WEST AMBULANCE SERVICE**

The Committee considered a presentation from Mr Dave Kitchin, Head of Service, Cheshire and Merseyside, Ms Julie Treharne, Head of Communications and Ms Debbie Mallett, Service Development Manager giving an update on A & E and Winter Pressures faced by the North West Ambulance Service.

Mr Kitchin gave Members detailed information regarding the NWAS (North West Ambulance Service) and in particular:

- Service provision
- Performance standards for 999 calls
- Wirral's red activity 2013/14 vs 2014/15 and year to date
- Details in relation to health care professional activity by the hour
- Information regarding the top five calls received
- Details of the Wirral demand by category of call
- Arrival information to Wirral University Teaching Hospital
- Changes to the service and emergency and urgent care.

In relation to Wirral's Red activity, Mr Kitchin indicated that it was unlikely that it would meet the 8 minute target for red calls (75%) for the year ending 2015.

Ms Treharne indicated that the service had launched an initiative to create a better understanding by the public about what to expect when calling 999. Team 999 aimed to educate the public about the changing roles of the ambulance service, in particular, how it no longer simply sends ambulances to all incidents or takes every patient to an Emergency Department in order to ensure patients receive the right care for their needs and in the right place.

In response to a Member, Mr Kitchin indicated that in relation to the very high volume of '999' calls received, responding to patients with mental health problems was a key issue for the service.

7-8% of calls received were from the Police to assist in the transfer of mental health patients in crisis to a mental health bed. This could be out of the region which takes both staff and vehicles out of service for significant period of time.

Mr Kitchin further indicated that where older ambulance stations were no longer viable or fit for purpose, the service was co-locating with the fire service to provide new and improved facilities in the local community.

Mr Kitchin reported that the purpose of the Frequent Callers Project was to identify and work with patients with unmet health and social care needs and those who need further support due to gaps within their care needs.

In relation to handover times especially in Arrowe Park, these had been high since January, approximately 22 minutes compared to the 15 minute target; this is due to acute hospitals struggling to deal with the demand; regular telephone conferences calls take place with Arrowe Park to look at turnaround times. February saw an improvement in the handover times and it was hoped that this would show a continual improvement.

The Chair asked about the delays in hospital handovers and the reports that patients were backing up at the point of handover and in ambulances for up to

several hours with two ambulance crews looking after a number of waiting ambulances. In response, it was reported that NWAS was in regular dialogue with hospitals to look at ways to improve handover times.

In response to a Member, Mr Kitchin indicated that that the Department had to answer to NHS England on any serious delay in handover/waiting times. The Chair asked if information could be provided to the Committee on this.

In response to a further question from a Member, Mr Kitchin indicated that the 999 call takers prioritise calls according to patient condition. If the patients' health deteriorated the call would then be upgraded.

He concluded by indicating that the service had a funding shortfall of approximately £42 million pounds for the North West as a whole in the next financial year. Mr Kitchin indicated that it was difficult to see how the growth in demand could be sustained.

In response to request by Member, Ms Treharne agreed to forward further information to the Committee regarding Team 999.

**RESOLVED: That**

- (1) Mr Kitchin, Ms Treharne and Ms D Mallett be thanked for their informative report and presentation;**
- (2) Ms Treharne be requested to forward further information to the Committee regarding Team 999; and**
- (3) Mr Kitchin be asked to provide to the Committee information in relation to any serious delay in handover/waiting times.**

54 **WIRRAL UNIVERSITY TEACHING HOSPITAL - FINANCIAL UPDATE**

The Committee considered an update report from the Wirral University Teaching Hospital on the reasons why Monitor had opened the financial investigation at this time; an update outlining the work undertaken by the Trust since the closure of the previous investigation and the next steps in the investigation process.

Mr Allison, Chief Executive of the Wirral University Teaching Hospital explained that the problem was lack of beds not the A&E service; staff could not move patients out of A&E Departments if there are no beds. He indicated that currently the Hospital had 81 unfunded beds on top of the 41 planned beds for which the Hospital had to provide additional resources and staffing to cover the additional beds.

Mr Allison highlighted that 80% of Foundation Hospitals were in deficit alongside Arrowe Park.

The activities undertaken by the Trust supported by Atkins/FTI in year, had supported in year Cost Improvement Programme achievement of £9.5m meeting the requirements for £13m on a full year basis into 15/16.

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 had also completed and would therefore contribute favourably to the Trust's financial out-turn position, which was now forecast to be no more than a deficit of £4.8M.

Further meetings would be held with Monitor to identify further ways in which the Hospital could improve its financial position. Mr Allison indicated that the Hospital needed new models of care and following a successful bid had been chosen by NHS England as one of the 29 "vanguard" sites and therefore part of the £200m transformation fund to trail blaze new ways of providing more joined –up personal care for patients and increase efficiency.

In response to a Member Mr Allison indicated that the Board was doing all it could to identify where savings could be made. Individual services were being looked at to identify if they could be reconfigured, he further indicated that most hospitals in the country would be in deficit this year, with the exception of possibly some of the research hospitals, who were also struggling to identify funding.

Mr Allison indicated that staff morale at present was poor as the hospital was facing a challenging time with the demand never greater, it was difficult to keep staff motivated.

In relation to the 7 day working Mr Allison indicated that clinicians had been working a seven day week with discharges undertaken over the seven day week, over the last three years this had significantly improved the hospitals mortality rates. There was now a real challenge to improve the discharge rates.

In response to a Member, Mr Allison indicated that the Cost Improvement Plan highlighted £30 million pounds to be saved; £9million pounds worth of savings had been identified in year with new savings to be delivered for next year. Mr Allison commented that hospitals were no longer sustainable in their current format.

Mr Allison reported that running a hospital was complex, insurance premiums had risen by 4.1 million pounds and it was not in control of many factors. However, factors under the hospitals control were managed as well as it could be. Mr Allison indicated that the CQC (Care Quality Commission) could

instruct the Hospital to do something the hospital had to find the money to do it.

**RESOLVED:**

**That the Committee thanks the Chief Executive and officers of Wirral University Teaching Hospital for attending the meeting and for providing information relating to the financial pressures being experienced by the Trust and how they are being managed, which had resulted in a second investigation by Monitor.**

**We understand that strenuous efforts are underway to bring about improvement, but we remain concerned that financial pressures will inevitably impact on performance and the Trust's ability to provide high standards of care, and therefore ask that further information on how implementation of the financial improvement plan and the improvement plan resulting from the recent CQC inspection report are progressing be presented to Health and Care Panel meeting on 1 April 2015, together with reports on current performance.**

55 **OVERVIEW OF VISION 2018**

The Committee considered a verbal update from the Strategic Director, Families and Wellbeing on the Vision 2018.

The presentation highlighted the current context; future pressures on health and social care; local challenges; programme structure; projects/schemes of work; Vision 2018 Health and Wellbeing Model and next steps.

The Strategic Director, Families and Wellbeing highlighted the integrated health and social care system principles which were right care, right time, right place, rapid response, change in culture and expectations, prioritising elderly care, 7 day integrated care, early intervention and prevention, building on community based assets.

In relation to integrated services in respect of Children and Families, the Director of Children's Services indicated that the Department was working alongside colleagues from health, VCAW etc. as well as retired head teachers on the work stream for the transformational outcomes.

The Director of Children's Services indicated that the department was working on three key work strands to improve outcomes in relation to teenage self-harm; early years and children centres and autism and ADHD.

The Head of Transformation, Department of Adult Social Services (DASS) indicated that their integration work included Integrated Care Coordination

Teams in areas supporting people with long term conditions over a 7 day working week; integrating commissioning structures, with the Council leading in particular areas and the draft structure, this was almost complete and would soon be open for consultation.

The Head of Transformation indicated that the department would be investing in rapid community services and commissioning an overnight response as well as investment in community services to help ease the pressures in Arrowe Park.

Following comments from Members, The Strategic Director, Families and Wellbeing indicated that there would be shared learning with other authorities and partners to share best practice.

The Committee welcomed the suggestion by a Member to invite Headstart to a future meeting to talk to us about their integration work undertaken with lottery funding on behalf of Knowsley Council.

**RESOLVED:**

**That the Strategic Director, Families and Wellbeing, Director of Children's Services and the Head of Transformation, DASS be thanked for their informative presentation and update reports.**

56 **CHILDREN'S CENTRES/EARLY YEARS PROVISION**

The Committee considered a briefing note from the Director of Children's Services which summarised the rationale for change for the early years and children's centre service that was currently progressing through a review.

The Chair suggested that a scrutiny review be undertaken and added to the work programme to enable a panel to scrutinise pending decisions (following public consultation) for the service and prior to implementation of the changes to the current delivery model.

**RESOLVED:**

**That early years and children's centres be added to the work programme for a scrutiny review to be undertaken on the pending decisions and implementation of the changes to the current delivery model.**

57 **FAMILIES AND WELLBEING DEPARTMENTAL PLAN**

The Committee considered the report of the Strategic Director, Families and Wellbeing detailing the 2015-16 Families and Wellbeing Directorate Plan for consideration.

The Directorate Plan translated 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 would be delivered by the directorate during 2015-16.

**RESOLVED:**

**That the Families and Wellbeing Directorate Plan be noted.**

58 **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 2014/16 performance of the Families and Wellbeing and Public Health Directorate against the delivery of their Directorate Plans for 2014/16 whilst also providing an update of current performance (as at 31st January 2015) against the 2014/16 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, 29 were rated green, 8 were rated amber and 4 were rated red whilst 16 were currently unrated. The measures 4 rated red had action plans which referred 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

In relation to the average monthly bed days lost due to delayed transfers of care per 100,000, the Chair indicated that a piece of work had been added to the work programme to look at hospital admissions.

**RESOLVED:**

**The 2014/16 Families and Wellbeing Directorate Plan Performance Management Report be noted.**

59 **FINANCIAL MONITORING**

Prior to consideration of this item, Councillor Clements declared a Personal Interest by virtue of her employment at an early years setting.

The Strategic Director for Families and Wellbeing presented the report of the Director of Resources, which set out financial monitoring information for Month 10 (January 2015), 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.**

60 **WORK PROGRAMME**

The Committee considered the report of the Chair of the Committee, updating on the progress and the activity proposed for this Committee in relation to its agreed Work Programme.

The Chair thanked all officers and Members for all their hard work during the year both at the Committee meetings and the excellent scrutiny reviews undertaken.

**RESOLVED:**

**That the Work Programme be noted.**

61 **COUNCILLOR MIKE HORNBY**

The Chair indicated that this would be Councillor Mike Hornby's last Committee as he would be retiring at the end of the Municipal year. The Chair paid tribute to Councillor Hornby thanking him for his support and hard work during his time on the Committee and wished him well for the future.

Councillor Clements, Spokesperson echoed the tribute paid to Councillor Hornby thanking him for his excellent work and valuable contribution to the Committee and reviews undertaken. Councillor Clements went on to congratulate the Chair and the Committee on its success over the last municipal year.

In response Councillor Hornby thanked the Chair and fellow Members of the Committee for their support and guidance during his time on the Committee.

**RESOLVED:**

**That Councillor Mike Hornby be thanked by the Committee for all his hard work and that he be wished well for the future.**

## ATTAINMENT SUB-COMMITTEE

Wednesday, 4 March 2015

Present: Councillor M McLaughlin (Chair)

Councillors T Norbury P Hayes  
P Brightmore A Brighouse  
W Smith H Shoebridge

Apologies: Councillor W Clements

In attendance: H Shoebridge Parent Governor Representative

### 38 WELCOME AND APOLOGIES

The Chair welcomed all present to the meeting of the Attainment Sub Committee and noted apologies.

### 39 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Sub-Committee were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on the agenda and if so, to declare them and state the nature of the interest.

Councillor P Hayes declared a non pecuniary interest by virtue of being a Governor at St Mary's Catholic College.

### 40 MINUTES

**Resolved – That the accuracy of the Minutes of the Attainment Sub Committee held on 10 December 2014 be approved as a correct record.**

### 41 OFSTED ASSESSMENT OF SCHOOLS IN WIRRAL (INCLUDING SCHOOLS IN SPECIAL CATEGORIES)

Sue Talbot, Senior Manager, School Improvement, Targeted Services, Children & Young People's Department gave an overview of Ofsted inspections from 1 September 2014 to 1 March 2015 and responded to Members' questions. It was reported that 0 schools were in an Ofsted category, 7 secondary schools required improvement (3 academies, 4 maintained) and 13 primary schools required improvement. 86% of primary schools were currently reported as good or better; 68% of secondary schools were currently good or better; and 100% of special schools / alternative provision were good or better. There had been 19 inspections in this period; 2

schools had been downgraded (2 primary schools – good to requires improvement), 13 had stayed the same grade (10 good; 3 requires improvement) and 4 schools had been upgraded (2 primary schools, 1 secondary school, 1 special school). Sue Talbot reported that Wirral Hospital School is now rated as an outstanding school. The outcome for Bedford Drive Primary School (requires improvement) was being challenged as it was thought to not be an accurate judgment.

It was reported that, as of September 2015 onwards, schools rated as outstanding would be exempt from further routine inspection providing there are no concerns about performance. It was noted that, as safeguarding was currently monitored alongside educational outcomes, safeguarding would no longer be routinely inspected in those schools previously rated as outstanding. Some schools in Wirral, rated as outstanding, had already not been inspected for eight years. It was noted that the Department of Education could monitor school websites and order a No Notice Inspection, therefore, the school website had to be statutorily satisfactory.

Members discussed a number of issues which included:

- The proposed process for assessment without levels was recognised as a school issue; not a Local Authority issue.
- There was a mixed picture among schools regarding their performance towards narrowing the gap.
- When setting Local Authority targets (for the numbers of schools rated as good or outstanding) the target had to be aspirational. However, the targets would be difficult to achieve due to the changes to GCSEs which were being implemented very quickly.
- It was noted that the level of collaborative working both between schools and with the Local Authority was good, however, the Local Authority would use statutory powers if necessary to intervene. The role of the Local Authority was to steward the whole system.
- A school could undertake a pupil premium review, which would review the school's strategy for spending pupil premium. The review would be undertaken by national leaders in education (such as head teachers).

**Resolved – That;**

- 1. Sue Talbot be thanked for the presentation;**
- 2. the report be noted.**

#### 42 **OVERVIEW OF POTENTIAL INTERVENTIONS REGARDING CLOSING THE GAP**

Dave Hollomby, School Improvement Officer, Children & Young People's Department provided members with a presentation regarding interventions to close the gap.

Using 2012 data, at Key Stage 2, for every two non-free school meal children who attained Level 4b or above in reading and maths and Level 4+ in writing there was one non-free school meal child who did not. The corresponding figure for free school meal children was for every two who did achieve the levels, three did not.

At the end of Key Stage 4, for every two non-free school meal children who attained at 5+ A\*-C GCSEs (including English and maths) there was still just one non-free school meal child who did not. The corresponding figure for free school meal children was for every two who did achieve the levels, five did not. Therefore, the failure rate of free school meal pupils had increased.

At A level, for every two non-free school meal children who attained at 3+ A\*-A grades there were 28 non-free school meal child who did not. The corresponding figure for free school meal children was for every two who did achieve the levels, 560 did not. It was virtually unheard of for free school meal students to achieve the grades necessary to compete for the most selective universities and professions.

It was reported that there was an attainment gap at every stage in the education system which got wider, not narrower, as children progressed through their schooling. Wirral's gap at age 16 remained a particular concern, standing at the fourth widest in England in 2014. Academic research showed that the following interventions had the biggest impact on narrowing the gap:

- One-to-one and small group tutoring (ideally by teachers)
- Peer-tutoring
- Quality feedback to students by teachers. Durham University had recently published research to demonstrate this.

However, there was also some indication that target-setting for children may also have an impact on attainment levels. All schools and teachers believed they had high expectations of children although it was almost universal to set lower targets for children who did less well at primary school. As disadvantaged children tended to do less well at primary, there was therefore a gap in targets for disadvantaged children. If disadvantaged children had lower targets (on average) than other children then they were less likely to be identified as underachieving against these targets than if they had higher targets. As a result, the disadvantaged children may not be receiving the level of intervention expected.

In Wirral, the RADY project (Raising the Attainment of Disadvantaged Youngsters) had been established as a pilot project to check this theory. Three secondary schools joined the pilot and agreed to set targets for Year 7 disadvantaged children that were, on average, equal to those that were set for other children. Initial results from the pilot were promising. However, the pilot is small and further evidence was required. Discussions were being held with Fischer Family Trust (FFT) and other Local Authorities to widen the pilot.

It was suggested that the future work programme for the Sub-Committee could include visits to those schools with the widest gap in attainment as well as schools which had been more successful in narrowing the gap between students from disadvantaged backgrounds and others.

**Resolved – That;**

- 1. Dave Hollomby be thanked for the presentation;**
- 2. the report be noted;**
- 3. visits to those schools with the widest gap in attainment as well as schools which had been more successful in narrowing the gap between students from disadvantaged backgrounds and others be considered for inclusion on the work programme for the new municipal year.**

**43 PROVISION TO SUPPORT BEHAVIOURAL ISSUES**

Phil Ward, Interim Senior Manager, Special Educational Needs, Children & Young People's Department, Specialist Services, presented a verbal report on the provision to support behavioural issues.

Mr Ward advised Members that upon recent consultations which had now been completed with schools and partners, further discussions now needed to be entered into with Pupil Referral Units in respect of places and how pupils are admitted to school with the Academy and Fair Access Protocol. He informed Members that a strategic group had been established with Local Authority officers and secondary headteachers that would be looking at the detail of the outcome of the consultation. He advised that alternative provision must comply with Ofsted and work was continuing with the PRU Academy as a provider for education for permanently excluded pupils and to become a commissioner for alternative provision for Year 10 and 11 pupils and youngsters who had difficulty in accessing the school curriculum. Mr Ward advised that he would bring a further report to a future meeting of the Sub-Committee.

Mr Ward informed Members that the Local Authority was responsible for partnership working with schools. He referred to the new education, health and care plans and the emphasis being around emotional and mental health wellbeing and how schools could be supported to promote good behaviour. It was reported that key officers and directors were looking at a new 0-25 service and how to support special educational needs and those who present behavioural difficulties in schools.

In response to Members requests, the Chair suggested that the verbal presentation could be followed up by a written briefing note.

**Resolved – That;**

- 1 Phil Ward be thanked for his presentation;**
- 2 a written briefing note be circulated outlining the details of the verbal presentation.**

**44 WORK PROGRAMME FOR FUTURE MEETINGS**

The Chair thanked everyone for their hard work and support during the year and noted the suggestions of the Director of Children's Services in respect of arranging visits to schools with the widest gap in attainment as well as schools which had been more successful in narrowing the gap between students from disadvantaged backgrounds and others to be added to the work programme for the forthcoming municipal year.

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## WIRRAL COUNCIL

### FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE –

30<sup>TH</sup> JUNE 2015

### HEALTH AND CARE PERFORMANCE PANEL – DATE TO BE ARRANGED

<b>SUBJECT:</b>	<i>FEEDBACK FROM THE MEETING OF THE HEALTH &amp; CARE PERFORMANCE PANEL HELD ON 1<sup>ST</sup> APRIL 2015</i>
<b>REPORT OF:</b>	<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 1<sup>st</sup> April 2015.

#### 2.0 ATTENDEES

##### **Members:**

Councillors Moira McLaughlin (Chair), Alan Brighthouse, Wendy Clements, Treena Johnson, Denise Roberts, Chris Spriggs

##### **Other Attendees:**

Sue Smith (Lead Nurse for Quality and Patient Safety, Wirral Clinical Commissioning Group)

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

Fiona Johnstone (Director of Public Health, Wirral Borough Council)

Alan Veitch (Scrutiny Support Officer, Wirral Borough Council)

##### **Visitors for part of the meeting:**

Jill Galvani (Director of Nursing & Midwifery, Wirral University Teaching Hospital)

Evan Moore (Medical Director, Wirral University Teaching Hospital)

Jean Quinn (Chair, Quality and Safety Committee, Wirral University Teaching Hospital)

##### **Apologies:**

Councillor Cherry Povall

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

Karen Prior (Wirral Healthwatch)

Elaine Evans (Wirral Healthwatch)

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

### 3.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 4<sup>th</sup> FEBRUARY 2015

The notes from the previous meeting, held on 4<sup>th</sup> February 2015, 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. Although it has now been produced, Alan Veitch will arrange for the list to be distributed to members.

### 4.0 PROGRESS REPORT FROM WIRRAL UNIVERSITY TEACHING HOSPITAL

Jill Galvani, Dr Evan Moore and Jean Quinn attended the meeting to provide an update report regarding:

- the action plan which was put in place in response to the CQC inspection at Arrowe Park hospital in September 2014;
- the current performance dashboard for Wirral University Teaching Hospital.

During discussion with members, a number of issues emerged:

- **Infection control**

An outbreak of pseudomonas was called in February 2015 in relation to the neo natal unit. A full programme of water testing and baby screening was implemented. There are plans to physically re-design the department in 2015/16, including the removal of walls, in order to provide more space.

Arrowe Park hospital has also been badly hit during late March by incidences of norovirus on the wards. In addition, residents were presenting to A & E with vomiting and diarrhoea; making it difficult for the Trust to counter the outbreak. General visiting to the hospital site was stopped and work was done through the press to provide advice to the public. Members were reassured that, in terms of the incidences of outbreaks of norovirus, Wirral is not an outlier in Cheshire and Merseyside.

Members questioned whether the balance between proactive change and reactive “firefighting” at the Trust was appropriate. Members were reassured that, although responding to infectious outbreaks is reactive by nature, there is constant monitoring of plans to ensure that outbreaks are kept to a minimum. However, it was recognised that the infrastructure at Arrowe Park is a challenge. As an example, it will cost between £1million and £2million for the neo natal unit to become fully compliant to BAPM standard (British Association of Perinatal Medicine).

- **Re-admissions**

Re-admission is defined as a non-elective and non-planned admission to hospital within 30 days of a previous admission, although not necessarily for the same reason. WUTH has seen an annual reduction in income of between £10million and £11million, but capped at £3million in 2014/15, as hospitals are no longer paid for re-admissions. In the case of avoidable re-admissions, money is withheld by the CCG. Extensive work has been done by WUTH to reduce avoidable re-admissions. In the last three years, the number of re-admissions has reduced from 18% to 12%. It is estimated that WUTH’s incidence of avoidable re-admissions is average for the North West of England.

- **Staffing**

It is planned that a further £1.1million will be invested in the nursing establishment during 2015/16. The big challenge for staffing comes when new wards are opened temporarily, which can impact on quality. Much of the winter planning is aimed at keeping people out of hospital or getting people out of hospital quicker.

The winter plan for 2014/15 foresaw 41 additional beds being opened. In reality, at its height, there were an additional 81 beds in use in addition to the planned 41. Such an increase in the number of beds puts pressure on all staff. As a result, staff are reallocated, for example, matrons cover as ward sisters and ward sisters take up other roles. As there is no extra money available, such a situation can be managed for a short time but it is not sustainable over a long period.

- **Staff morale and culture**

Post-Francis, the culture of the country has changed. There is now a greater expectation of patient care and service quality. However, there has not been a corresponding increase in resource. All staff want to make things better for patients. If they are not able to do that, it can be demotivating. Nationwide, hospitals are struggling to respond to the increase in demand for services. Therefore, escalation areas are opened. As a result, staff are moved to form new “teams”, without necessarily knowing each other. There is a desire at WUTH for the outcomes next winter to be improved, with the Better Care Fund playing a greater role in keeping people out of hospital. It was suggested that the Panel may want to review the implementation of the Better Care Fund as part of its work programme.

Members were informed that, although the target for staff attendance is 96%, the actual is in excess of 95%, which is average for the NHS as a whole. Areas which scored low on a recent staff survey included theatre staff and the laboratories.

- **Quality and safety**

Members were reassured by officers from WUTH that the services provided by WUTH are considered to be safe. A number of indicators have continued to improve over the last 18 months, for example, falls, C diff infection rates, mortality rate and pressure ulcer formation. “There is very excellent care going on but under the strain of financial pressures”.

- **Planned CQC inspection**

The new CQC inspection regime is being implemented, which will result in approximately 40 inspectors undertaking an on-site review over a two week period. The first inspection of WUTH, using the new inspection regime, is now planned for September 2015.

**Conclusion:**

Members thanked Jill Galvani, Dr Evan Moore and Jean Quinn for the report. A further update report was requested for a future meeting which will be arranged in the new municipal year.

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

Sue Smith described the key issues relating to two performance reports which had been provided by Wirral Clinical Commissioning Group. The reports were:

- Wirral CCG Aggregated report – Quarter 2, 2014/15 (July to September 2014). This report brings together data relating to the local health providers (namely: Wirral University Teaching Hospital (WUTH), Cheshire and Wirral Partnership (CWP) and Wirral Community Trust (WCT)) to demonstrate the shared learning of Incidents, Complaints, Claims, PALS, MP Letters and Patient Experience.
- Quarterly Performance Report for headline indicators – Quarters 1 to 3 for 2014/15.

During discussion, members received information regarding:

- **Incidents**  
Wirral Clinical Commissioning Group promotes a culture where all incidents are reported and investigated appropriately. The total number of incidents reported for Quarter 2 2014/15 is 3963 which demonstrates a 7% increase compared to the last quarter (3694). Themes to emerge included pressure ulcers, violence and physical abuse / harassment and medication errors. A single issue Quality Surveillance Group meeting had subsequently been held with Wirral Community Trust to review the issue of pressure ulcers. In addition, in the same period, 52 incidents were reported to the CCG by GP practices. The majority of these incidents related to missing or incorrect data / records.
- **Complaints**  
The total number of complaints (including MP letters) received in Quarter 2 2014/15 is 140 (Wirral University Teaching Hospital = 94; Cheshire & Wirral Partnership Trust = 17; Wirral Community Trust = 22; Wirral Clinical Commissioning Group = 7) which demonstrates a decrease compared to the previous quarter (167). The top theme to emerge related to communication.
- **Friends and Family Test**  
It was reported that the Friends and Family Test is being extended by GPs being requested to collect data. Once available, this data will be reported to future meetings.
- **A&E Waiting times**  
It was reported that the A & E waiting times target had not been met at Arrowe Park in any of the first three quarters of 2014/15.

## 6.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL

The following meetings are scheduled:

- 12<sup>th</sup> May – a session to review the draft Quality Accounts provided by the local health partners.

Members suggested that the following topics be considered for inclusion on the work programme for the new municipal year:

- Preparations for winter pressures
- The implementation of the Better Care Fund
- Progress regarding the Vanguard project in Wirral

## **7.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING**

The following actions arose from the meeting:

1. Alan Veitch to arrange a list of care homes in each ward to be sent to the relevant ward members (outstanding from a previous meeting).
2. Sue Smith to provide members with contact details for PALs
3. Alan Veitch to ensure that the following topics be recorded as potential additions to the work programme for the new municipal year:
  - Preparations for winter pressures
  - The implementation of the Better Care Fund
  - Progress regarding the Vanguard project in Wirral

## **8.0 RECOMMENDATIONS FOR APPROVAL BY THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE**

There were no specific recommendations to be made to the Families and Wellbeing Policy & Performance Committee.

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## WIRRAL COUNCIL

### FAMILIES AND WELLBEING POLICY AND PERFORMANCE

#### COMMITTEE

30<sup>TH</sup> JUNE 2015

<b>SUBJECT:</b>	<b>2014/16 DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>CLARE FISH (STRATEGIC DIRECTOR OF FAMILIES AND WELLBEING)</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>CLLR CHRIS JONES (ADULT SOCIAL CARE AND PUBLIC HEALTH) CLLR TONY SMITH (CHILDREN AND YOUNG PEOPLE) CLLR CHRIS MEADEN (LEISURE, SPORT AND CULTURE)</b>
<b>KEY DECISION?</b>	<b>NO</b>

#### 1.0 EXECUTIVE SUMMARY

1.1 This report sets out the current performance of the Council against the delivery of the Families and Wellbeing Directorate Plan 2014/16 as at Year End 2014/15. Members are requested to consider the details of the report and highlight any issues.

#### 2.0 BACKGROUND AND KEY ISSUES

2.1 Performance of the Families and Wellbeing Directorate Plan is regularly monitored against the targets set at the start of the year. Red, amber and green (RAG) ratings are assigned depending on the performance level against those targets. For indicators rated red, the responsible officer is required to complete an exception report and highlight what corrective actions will be put in place.

2.2 The Families and Wellbeing Directorate Plan Performance Report (Appendix 1) sets out the final year position against 57 outcome measures from across the Directorate. 32 (56%) of the measures are rated green, 12 (21%) are rated amber and 11 (19%) are rated red whilst 2 (4%) are currently unrated. For the 11 measures rated red, action plans are provided and included as follows:

- Smoking quitters (4 weeks) – Appendix 2.
- Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months – Appendix 3
- Achievement gap between pupils eligible for Free School Meals (FSM) and their peers achieving at Key Stage 2 (KS2) (Level 4 +Reading, Writing and Maths) – Appendix 4
- % of Looked After Children achieving KS2 (Level 4 +Reading, Writing and Maths) – Appendix 5
- The % of LAC achieving expected levels at Key Stage 4 (KS4) (5 or more A\*-C including English and maths) – Appendix 6

- Inequality of achievement of a Level 2 qualification by the age of 19 (FSM) – Appendix 7
- Inequality of achievement of a Level 3 qualification by the age of 19 (FSM) – Appendix 8
- Timeliness of Adoptions, within 12 months of decision date – Appendix 9
- Average monthly bed days lost due to delayed transfers of care per 100,000 – Appendix 10
- Overall satisfaction of carers with social services – Appendix 11
- Proportion of people who use services who find it easy to find information about support – Appendix 12

2.3 The Families and Wellbeing Directorate Plan was reported to committee at its last meeting in March. The first quarter performance against this will be reported to the September meeting.

2.4 Work is under way to re-shape the Council's business planning framework for the next planning cycle from 2016 onwards. A new Council Plan will be taken to Policy Council in July and the directorate performance reporting that underpins this will be developed later in the year. This will involve a significant change towards performance reporting against a range of agreed priority outcomes.

### **3.0 RELEVANT RISKS**

3.1 The performance management framework is aligned to the Council's risk management strategy and has been considered as part of the Directorate planning process.

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 N/A

### **5.0 CONSULTATION**

5.1 N/A

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

6.1 There are none relating to this report.

### **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

7.1 There are none arising from this report.

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

8.1 There are none arising from this report.

### **9.0 LEGAL IMPLICATIONS**

9.1 There are none arising from this report.

### **10.0 EQUALITIES IMPLICATIONS**

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

## 11.0 CARBON REDUCTION IMPLICATIONS

11.1 There are none arising from this report.

## 12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 There are none arising from this report.

## 13.0 RECOMMENDATION/S

13.1 Members are requested to note the contents of this report and highlight any questions or comments.

## 14.0 REASON/S FOR RECOMMENDATION/S

14.1 To ensure Members have the opportunity to review the delivery of the Families and Wellbeing Directorate Plan.

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## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families & Wellbeing Policy and Performance Committee	9 July 2013
Families & Wellbeing Policy and Performance Committee	9 September 2013
Families & Wellbeing Policy and Performance Committee	28 January 2014
Families & Wellbeing Policy and Performance Committee	8 April 2014
Families & Wellbeing Policy and Performance Committee	8 July 2014
Families & Wellbeing Policy and Performance Committee	9 September 2014
Families & Wellbeing Policy and Performance Committee	2 February 2015
Families & Wellbeing Policy and Performance Committee	23 March 2015

## APPENDICES

Appendix 1 – Directorate Plan Performance Report (Year End 2014/15)

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 – Achievement gap between pupils eligible for FSM and their peers achieving at KS2 (Level 4 +Reading, Writing and Maths)

Appendix 5 – % of LAC achieving KS2 (Level 4 +Reading, Writing and Maths)

Appendix 6 – % of LAC achieving expected levels at KS4 (5 or more A\*-C including English and maths)

Appendix 7 – Inequality of achievement of a Level 2 qualification by the age of 19 (FSM)

Appendix 8 – Inequality of achievement of a Level 3 qualification by the age of 19 (FSM)

Appendix 9 – Action Plan: Timeliness of Adoptions, within 12 months of decision date

Appendix 10 – Action Plan: Average monthly lost bed days lost due to delayed transfers of care per 100,000

Appendix 11 – Overall satisfaction of carers with social services

Appendix 12 – Proportion of people who use services who find it easy to find information about support

**WIRRAL COUNCIL**  
**Families and Wellbeing and Public Health Performance Report as at 31st March 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
<b>Public Health - Tackling Health Inequalities</b>													
<b>Domain 2: Health improvement</b>													
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	808.42	808.42	G	↓	Apr-Mar	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%	20.0%	22.7%	22.7%	G	↑	Apr - Mar	J Harvey	As predicted, quarter 4 activity resulted in an increase in uptake of health checks. Uptake went from 42% in quarter 3 to 51% in quarter 4. However, even with this increase, our cumulative annual uptake is 44.4%, which is a decrease on last year.
3	NHS Health Checks - Take up (Corporate Plan)	Integrated Performance Measures Monitoring Return	53.1%	51.0%	50.0%	50.0%	44.4%	44.4%	A	↑	Apr - Mar	J Harvey	Action to increase performance in 2015/16 will include: - A new contract with revised payment levels - Health Practice Nurses continuing to support struggling practices, improvements to systems, provision of training etc. - promotional videos and posters will go into every practice and also into specific community venues. - A pilot to assess the impact of 'Point of Care Testing' within GP practices is due to begin in selected practices aimed at reducing non-attendance. - personalised targets and quarterly performance profiles for every practice.
4	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	1727 (43%)	42879 (43%)	1,900	1,479	968	1,389	R	↓	Apr - Dec	G Rickwood	A paper will be presented to Cabinet in July 2015 which will outline the options for future commissioning of stop smoking services. This will take account of underperformance of stop services and also take into consideration the changing landscape regarding quitting smoking and quitting nicotine. For 2015-16, this target has been recalculated based on NICE guidance which recommends that a specialist service helps 5% of smokers to stop smoking, for the next financial year the target is 1,285.
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%	11.4%	11.4%	A	↓	Apr - Mar	G Rickwood	Following a relatively significant deterioration in performance between the last 2 months of qtr 3 (from 11.2% back up to 11.7%), by the end of qtr 4 the rate had fallen again by 0.3% to bring the figure down to 11.4%. This shows a sustained and considerable improvement through the 4 qtrs of 14-15, from a figure of 13.3 at the end of qtr 1, to 12.2 at the end of qtr 2, and 11.7% at the end of qtr 3. The current programme of work offering 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 but 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. New work is planned to introduce more of a whole system approach to supporting women at the time of delivery to give up smoking, with this to support the work currently being done by mid-wives. A review of how the tariff for quitters is paid, linking it more with sustained quits post pregnancy, is also being considered.
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	33.7	33.7	G	↓	Jan - Dec 2013	J Graham	There has been an increase from 31.2 in Q3 to 33.7 in Q4. This is a slight increase from the same point in 2012 when the rate was 33.5. 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 and the 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	

**WIRRAL COUNCIL**  
**Families and Wellbeing and Public Health Performance Report as at 31st March 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
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%	0.0%	7.6% (Jan 14 - Dec 14)	10.0%	R	↑	Jan-Dec 14	G Rickwood	The work upgrading the National NDTMS database has now been completed and the system is being brought back into operation. The backlog of data is being updated, and new performance data for this indicator is now available. The latest performance shows another downturn, after a rise in the previous month but because of the structure of the indicator this will relate to the service activity from last year. New performance analysis will be possible as the database is brought back to full function, however it should be noted that the report on Wirral performance on the national site classifies Wirral as an amber area, and the numbers indicate that only 17 more treatment completions would have been required to lift Wirral into the top performing quartile nationally. The new Wirral service is now operational, although further development of the full planned delivery is still being implemented. However the transition does create some considerable re-organisation, involving staff and new premises, so it will be into the late spring before the new system is beginning to approach its intended potential, and October onwards before the performance reflected in this indicator relates to the new system.
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%	54.9% (Jan - Dec 14)	53.0%	G	↑	Jan-Dec 14	G Rickwood	This indicator, was predominantly delivered by Arch Initiatives, and has achieved its performance target for a sustained period. Because of the structure of the indicator the performance reported will continue to reflect the service provided by the previous provider until October of this year. This continues to be a volatile performance indicator, 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%	72.7%	77%	A	↑	Sep-14	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 Councillors 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 72.7% at September 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%	73.5%	76%	A	↓	Sep-14	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 August 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 has presented at an education event for GPs focusing on cancer screening programmes in February 2015 ,enabling discussions with local GPs around screening programmes for cancer.
<b>Domain 3: Health protection</b>													
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%	95.9%	95%	G	↑	Oct- Dec	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 Councillors 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 3 shows that this indicator is performing slightly above trajectory. Performance of 95% is required to ensure herd immunity.

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



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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	95.1% (2013/14)	94.9% (2013/14)	95%	95%	96.7%	95%	G	↑	Oct -Dec	Anjana Sahu	Please see commentary above. Current performance is exceeding the 95% target to provide good population coverage.
<b>Children are ready for school</b>													
	Measures for this outcome are under development												
<b>Children and young people are prepared for working life and adulthood</b>													
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	35.1	35.1	G	↓	2014/15	S Talbot	
Page 29	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	18.0	18.0	R	↓	2014/15	S Talbot	Performance has improved compared to 2013/14, with the gap reduced by 2.9, but the target has been missed by 2.0 because not enough disadvantaged pupils achieved L4+ in writing. 7.8% of disadvantaged pupils attaining Level 2 at the end of Key Stage 1 (KS1) did not make expected progress. 16% of pupils attaining a Level 2c at the end of KS1 did not achieve a Level 4. Performance against the target will continue to be monitored every term through the School Causing Concern.
	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	35.7	35.7	A	↑	2014/15	S Talbot	The measure of reporting Key Stage 4 pupils' GCSE attainment changed in 2014, resulting in pupils' first GCSE entry being counted in the school results rather than the pupils' best entry. For some schools who entered pupils in Year 10 and Year 11 for the same GCSEs pupils grades improved but this was not the reported measure. For some non selective schools the difference between first and best entry results was 30%. This significantly effected the reporting of free school meal pupils' attainment.
	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	46.0	46.0	R	↑	2014/15	L Arthey	Performance of key stage 2 has shown some improvement with an increase of 3.1% since 20/03/14. However, it still remains low in relation to children who are not looked after by statutory carers or alternative family members. To ensure better outcomes and reduction in the attainment gap we are looking to ensure our Carers, Social Workers and other professionals involved with our children identify through their care children likely to require additional support with reading and writing and are assisted in home schooling and homework clubs. Carers are encouraged to attend and identify with school and early learning provision.
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	13.2	13.2	R	↑	2014/15	L Arthey	Performance has improved compared to 20/03/14 with an increase of 14% in achievement at key stage 4 qualifications but we still fall short of target by 30.8%. It is recognised as a national issue that the children in care attainment figure is lower than other children who are cared for at home. However in Wirral key stages 1 and 2 show good progress and for 2015/16 there is a more robust approach to targeting support at school for those children in care.
21	Inequality 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	19.0	19.0	R	↓	2014/15	P Smith	Performance has deteriorated compared to 2013/14, with the gap increased by 2% (3% above the target). The issue for Wirral young people appears to be that for young people (previously FSM eligible) that haven't attained a full level 2 by the end of key stage 4 do not progress and / or underachieve at post 16 in some institutions.  Local authority challenge, support and resources need to be targeted to improve performance against this target. It is anticipated that Wirral secondary schools approaches at key stage 3 and 4 linked to pupil premium and the Council RADY Project will have a positive impact from 2016/17.
22	Inequality 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	38.0	38.0	R	↓	2014/15	P Smith	Performance has deteriorated compared to 2013/14, with the gap increased by 2.0 (7.0 above the target). The issue on Wirral appears to be that young people, previously FSM eligible, that attain a full level 2 by the end of key stage 4 do not progress and / or underachieve at post 16 in some institutions.  Local authority challenge, support and resources need to be targeted to improve performance against this target. It is anticipated that Wirral secondary schools approaches at key stage 3 and 4 linked to pupil premium and the Council RADY Project will have a positive impact from 2016/17.
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%	4.3%	G	↓	Dec	P Smith	Annual Indicator - Final outturn position 2014/15

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



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24	The % of Care Leavers in Employment Education or Training	Local Authority Interactive Tool	66.0%	60.0%	70.0%	70.0%	67.5%	67.5%	G	↑	Dec	P Smith	Reported performance is for care leavers at age 19 only. The performance changed in 2014 and now includes care leavers at age 20 and 21. Projected performance against the new measure is expected to be inline with local and national benchmarks due the improvements in the measure for 19 year olds.
<b>Children, young people and families have their needs met at the earliest opportunity</b>													
25	Rate of Children in Need per 10,000		402.1	343.1 (2012-13)	375.0	375.0	390.7	390.7	G	↑	Mar	L Arthey	The number of CIN have increased to 2643 compared to 2537 for 2013/2014. This is in line with the increase in referrals 4217 compared to 4066. Given the case closures for the corresponding period 4015 compared 4226 evidences the overall throughput for CIN.
26	Rate of Child Protection Plans (Per 10,000 population aged 0-17)	Local Authority Interactive Tool	41.2		37.9	37.9	33.6	33.6	G	↑	Mar	L Arthey	The number of Child protection plans has increased to 227 from 198 in December.
27	Rate of referrals to Social Care per 10,000		599.8		575.0	575.0	623.4	623.4	A	↑	Mar	L Arthey	Year to date referrals is 4217 an increase of 151 from the previous year. Given a large increase in March (433) compared to Feb (332) there will be relatively recent referrals still in the early stages of continuous assessment
28	Number of families achieving a positive outcome through the Payment by Results schedule		304.0		510.0	510.0	NYA	510.0	-	-	-	D Gornik	Currently awaiting data to enable calculation of this measure
<b>Children and young people feel safe and secure</b>													
29	Rate of Child Protection Plans per 10,000	Local Authority Interactive Tool	41.2		37.8	37.8	33.6	33.6	G	↑	Mar	L Arthey	There has been an overall net increase in the number of Child protection plans in the period increasing to 227 in March from 198 in December.
30	Rate of Looked After Children per 10,000		100.1	-	95.8	95.8	101.0	101.0	A	↑	Mar	L Arthey	Looked after children (LAC) numbers continue to be higher than the national average and statistical neighbours. The number of LAC has been relatively static, hovering between 98-101 throughout the year. The number of LAC is 683, but this is expected to reduce slightly, following year end validation with the statutory returns.
31	% of Children in Foster care having three or more placements	Local Authority Interactive Tool	6.8%		10.0%	10.0%	5.0%	5.0%	G	↓	Mar	L Arthey	The % of LAC who have had 3 or more placements has reduced further reduced from 6.6% in December to 5.0% in March. This is expected to slightly increase following year end validation as referenced for the rate of LAC
32	% of Children in Foster care being in placement for two years or more		67.9%		70.0%	70.0%	73.9%	73.9%	A	↓	Mar	L Arthey	The percentage of CIC who are in placement over 2 years has marginally decreased 74.8% in December to 73.9%
Page 30	33	Percentage of children leaving care through SGO's / adoptions	23.1%	27.7%	28.0%	28.0%	28.2%	28.2%	G	↑	Mar	L Arthey	A total of 188 children have been discharged from care to date during 2014/15 of whom 31 have were discharged via a SGO and 22 have been adopted.
	34	Percentage of children in care placed with parents	11.0%		8.0%	8.0%	13.3%	13.3%	G	↑	Mar	L Arthey	A total of 90 children were placed with parents as at 31st March
35	Timeliness of Adoptions, within 12 months of decision date	Local Authority Interactive Tool	75.0%	-	80.0%	80.0%	68.2%	68.2%	R	↓	Mar	L Arthey	Of the 22 adoptions to date 12 were completed within timescale. 3 Children adopted by their existing carer have now been included in the formula. These were previously excluded. The target was missed because 5 of the children adopted had additional developmental needs, which resulted in taking longer to identify a suitable family for them. This was reviewed regularly and agreed that despite the time taken, adoption would be the right outcome for them. Early identification and tracking of children in need of adoption are in place to minimise future delay.
36	Became Looked After to Adoption Timescale in days	Local Authority Interactive Tool	744.0	-	547.0	547.0	536.4	536.4	G	↓	Mar	L Arthey	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. 10 of the 22 adoptions have exceeded the target with the longest timescale being 1336 days.

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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	
<b>Universal and Infrastructure Services</b>														
37	Percentage of on time admissions applications received online – F2		64.0		68.0	68.0	85.7	85.7	G	↑ +	2014/15	N Clarkson	The long-term target to achieve 80% online applications, in line with other similar authorities, has been exceeded	
38	Percentage of on time admissions applications received online –Year 7		58.0		62.0	62.0	87.6	87.6	G	↑ +	2014/15	N Clarkson		
<b>FAMILIES AND WELLBEING - ADULTS</b>														
<b>Enhance the quality of life for people with care and support needs</b>														
Page 31	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%	76.4%	76.4%	G	↓ -	Apr - Mar	C Beyga	<p>Performance has fallen slightly when compared to 2013-14 but remains within the targeted level for 2014-15. Performance this year is in line with both regional and statistically neighbours performance last reported in 2013-14.</p> <p>People with a learning disability report the highest levels of control over their daily lives (90%) whilst the lowest levels were reported by people with a mental health issue or physical disability.</p>
	40	Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)	Local Data (Liquid Logic)	Approx. as new measure for 2014/15	67.6%	66.0%	66.0%	95.0%	95.0%	G	↑ +	Apr - Mar	C Beyga	<p>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 &amp; nursing care whereas previously they were included, this limits the ability to make comparisons to previous years.</p> <p>Performance 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.</p>
<b>Delay and reduce the need for care and support</b>														
	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	17.0	16.0	16.0	G	↑ +	Apr -Mar	C Beyga	<p>There have been a total of 8 permanent admissions to nursing care and 22 to residential care.</p> <p>33% of placements are for people with a learning disability, 33% physical disability, 27% Mental Health issues and 7% for Substance/Alcohol misuse.</p>
	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	759.3	810.9	810.9	A	↑ +	Apr -Mar	C Beyga	<p>The average number of placements per month equates to 45 against a monthly target of 42. The number of placements per 100,000 population has reduced by 3% when compared with 2014-15.</p> <p>The proportion of placements which can be linked directly back to hospital discharges is 57% which is consistent with 2013-14; non-elective admissions to hospital increased by 3.7% in 2014-15 which has placed further pressures on Social Care and in particular the use of residential and nursing beds. Additional Intermediate Care and Transitional Bed capacity will be available in 2015-16 which allied with hospital discharge pathway redesign work will help reduce the number of permanent admissions.</p>
	43	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2Bi)	Local Data (Liquid Logic)	89.4%	83.6%	85.0%	85.0%	89.1%	89.1%	G	↓ -	Apr -Mar	C Beyga	<p>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.</p>
	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	390.7	448.9	448.9	G	↓ -	Apr -Mar	C Beyga	<p>Performance remained above target throughout 2014-15 and is 44% higher when compared with 2013-14.</p> <p>Since November there has been an increase in the number of episodes of reablement as a result of the implementation of the Early Supported Discharge pilot which has supported in excess of 250 cases.</p>

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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
45	Average monthly bed days lost due to delayed transfers of care per 100,000 ( <i>Better Care Fund</i> )	NHS England Statistics	66.3	199.7	61.3	613.0	79.3	79.3	R	+	Apr - Mar	J Evans	<p>Whilst performance remains below targeted levels this is in the main due to Wirral having set an ambitious target for 2014/15. Based on the latest AQuA data Wirral is currently the best performing authority in the North West with regards the average number of delayed discharges per month.</p> <p>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.</p> <p>The Helping People Home grant has extended the additional winter beds until June and a further tender is underway to increasing existing IMC / Transitional bed capacity from 70 to 110 beds by September.</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>
46	Total number of avoidable admissions per 100,000 population ( <i>Better Care Fund</i> )	Local Data (Wirral CCG)	3,059.7		2,871.6	478.6	497.0	-	N/A		May-14	J Evans	<p>This indicator was originally included within the directorate plan as a measure linked to the Better Care Fund.</p> <p>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.</p>
47	Proportion of people who have received short term services to maximise independence requiring no ongoing support ( <i>ASCOF 2D</i> )	Local Data (Liquid Logic)	N/A	N/A	50.0%	50.0%	71.2%	71.2%	G	+	Apr - Mar	C Beyga	<p>This was a new measure introduced as part of the 2014/15 Adult Social Care Outcomes Framework.</p> <p>Performance has consistently exceeded the target set with:</p> <ul style="list-style-type: none"> <li>50% of people being completely independent</li> <li>23% of people require an ongoing care package</li> <li>14% of people require only ongoing low level support (Assistive Tech)</li> <li>8% of people self fund their care</li> <li>2% of people require short term support</li> </ul>
<b>Ensure that people have a positive experience of care and support</b>													
Page 32	Overall satisfaction of people who use services with their care and support ( <i>ASCOF 3A</i> )	Adult Social Care Survey	63.0%	65.8%	67.0%	67.0%	60.4%	60.4%	A	-	Apr - Mar	C Beyga	<p>The proportion of people reporting they are very satisfied with their care and support has fallen from 2013-14 by 3%. However, comparing the proportion of people reporting that they are fairly satisfied or very satisfied has remained consistent with 2013-14 at 89%.</p> <p>People with a learning disability report the highest levels of satisfaction (76%). Older People supported in the community (52%) and Adults aged 18-64 with a mental health issue / physical disability (45%) report the lowest satisfaction levels.</p> <p>Further analysis of survey responses is required to understand the context as to why people are reporting lower satisfaction levels in 2014-15.</p>
	Proportion of Social Work assessments completed within 28 days	Local Data (Liquid Logic)	97.4%	N/A	100.0%	100.0%	95.6%	95.6%	G	-	Apr - Mar	C Beyga	<p>The proportion of assessments completed within 28 days fell to a low point during September and October (81%) which was due to the implementation of Liquid Logic and the change in processes that workers had to adapt to.</p> <p>This was mitigated against by the use of 'floor walkers' who supported staff to understand the new system processes, a helpdesk has also been established to offer support to workers. 100% of requests for services received in March had an assessment completed within 28 days.</p>

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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%	32.5%	32.5%	R	↓	Apr - Mar	J Evans	The proportion of people reporting they are very satisfied with their care and support has fallen from 2013-14 by 3%. However, comparing the proportion of people reporting that they are fairly satisfied or very satisfied has remained consistent with 2013-14 at 89%. People with a learning disability report the highest levels of satisfaction (76%). Older People supported in the community (52%) and Adults aged 18-64 with a mental health issue / physical disability (45%) report the lowest satisfaction levels. Further analysis of survey responses is required to understand the context as to why people are reporting lower satisfaction levels in 2014-15. A number of changes in policy decisions recently will have had an impact upon carers / notably charging for services and the cessation of carer direct payments.
Page 33	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%	68.7%	68.7%	R	↓	Apr - Mar	J Evans	The proportion of people reporting they find it easy to find information about support has fallen by 6.8%.  Older people resident in care homes found it easiest to find information and advice (79%) whilst Adults aged 18-64 with a mental health issue / physical disability found it the hardest (60%).  The department currently funds a 3rd sector service which provides a telephone advice and information service, data collected by this service shows that 99% of people accessing the service reported that their enquiry was satisfactorily resolved. This suggests a lack of awareness that this service exists, implementation of Phase 2 of Liquidlogic and also the requirements of the Care Act should see improvement against this measure in 2015-16.
	Improving people's experience of integrated care (ASCOF 3E)	TBC	0.0%	N/A	-	-	73.7%	73.7%	G		Apr - Mar	C Beyga	This was 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?".
	<b>Safeguard adults whose circumstances make them vulnerable and protecting them from harm</b>												
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%	80.0%	83.0%	83.0%	G	↑	Apr - Mar	C Beyga	There has been a significant improvement in the % of people who report that they services that receive help make them feel safe and secure. The performance reported for 2014-16 places Wirral above the national, regional and statistical neighbour comparator averages in 2013-14.
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	↔	Apr - Mar	J Evans	There have been 15 cases out of a total of 3,020 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.
55	Proportion of completed scheduled monitoring visits to residential homes	Local Data (QA Team)	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	G	↔	Apr - Mar	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

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<b>Transform the business to be as efficient and effective as possible</b>													
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%	100.0%	100.0%	A	↔	Apr - Feb	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%	90.9%	90.9%	G	↓	Apr - Mar	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 since November with February/March seeing the lowest availability (81%).

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

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

## PERFORMANCE ACTION PLAN

### Q4 2014/15 (Year-end)

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

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	<b>968</b>	<b>Forecasted Outturn is 1,389</b>
Non-compliance reason	<p>The underperformance of this target is attributed to Wirral Community NHS Trust's under-performance. The service has experienced a 45% drop (on average) in attendance and a 35% drop (on average) in the number of quitters during every quarter compared to 2013/14; a mitigating action plan has been implemented by The Trust.</p> <p>This fall in attendance at services is being seen across the region, and nationally. There is increasing evidence that the use of e-cigs is a significant factor in this drop in numbers, both because of smokers themselves identifying e-cigs as an alternative to smoking tobacco, and/or as a means to assisting them in stopping smoking. There is also information to indicate that e cigs are being (promoted and) used as a harm reduction measure, although the evidence for this to be the case is still not yet substantial.</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>A paper is being prepared to go to Cabinet in July 2015 which will outline options for future commissioning of stop smoking services. This will take account the underperformance of stop smoking services and also take into consideration the changing landscape regarding quitting smoking and quitting nicotine.</p> <p>The performance of this target will continue to be raised at monthly contract meetings with Wirral Community NHS Trust. Continued under performance will be subject to standard contractual mechanisms.</p>
Who (will be responsible)	Rebecca Mellor, Public Health
When (will results be realised)	Quarter 4 results i.e. year end results will be available on the 16 <sup>th</sup> June 2015

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## PERFORMANCE ACTION PLAN

### Q4 2014/15 (Year-end)

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	7.6% (Report as at December 2014, covering the service delivery period July 2013-June 2014) The work upgrading the NDTMS database from which this performance data is produced has now been completed, after being out of commission since November 2014.	+ / - Target : - 2.4
Non-compliance reason	<p>The profile of the in treatment population is as follows:</p> <ul style="list-style-type: none"> <li>• 46% of those in treatment have been in treatment for at least 6 years (Cluster average 23%)</li> <li>• 50% of those in treatment have a drug using career of over 21 years (Cluster average 21%)</li> <li>• 53% of those in treatment were in their first treatment episode (Cluster average 36%)</li> </ul> <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, "<b><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></b>"</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>	

**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"> <li>• A refreshed approach to delivering the recovery message to service users that brings new energy and motivation for change.</li> <li>• 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.</li> <li>• Peer support needs to be fully factored into the treatment and recovery system.</li> <li>• Data reporting needs to be consistently comprehensive and accurately following the service user through the system to ensure performance is accurately reported.</li> </ul>
<p>How (will it be achieved)</p>	<ul style="list-style-type: none"> <li>• A new Integrated Substance Misuse Treatment and Recovery service has been commissioned with a priority to improve the recovery offer to service users and by so doing improve the performance against this target. The new service went live on 2<sup>nd</sup> February 2015 and has now gone some considerable way towards mobilising the intended delivery model</li> <li>• The period of transition will inevitably be disruptive and the implementation of the full model, to its full potential, will take some time, including as it does, for example, the identification and refurbishment of buildings in new locations around Wirral. These "hubs" will take the service out to the service users so that access will be easier and engagement more frequent.</li> <li>• 2 out of 4 delivery hubs, and the abstinence focused Recovery service are now open and functioning well. Planning permission is being sought for the 2 further premises that have been identified</li> <li>• Regular monitoring of performance data to drive high performance, and ensure data accuracy, will continue. The new partnership has introduced one data base across the whole system, offering improved, more efficient, performance reporting along the whole treatment and recovery pathway.</li> <li>• Meetings continue with the new partnership to improve communication, integration and co-operation with the wider range of Wirral services and organisations. These will focus on improving the overall effectiveness and efficiency of both the new integrated service and the wider Wirral system.</li> </ul>
<p>Who (will be responsible)</p>	<p>CRI, as the lead provider for the partnership, is responsible for delivering this target from 1<sup>st</sup> February 2015.</p>
<p>When (will results be realised)</p>	<p>The nature and structure of this KPI means that the performance of the new partnership will not begin to be reported until 6 months after the contract start date. The current performance being reported still relates to the service delivered by the previous provider.</p> <p>It should be noted that although this performance is rated as <b>Red</b> on the local performance monitoring framework, when viewed on the national (NDTMS) reporting site it is classified as <b>Amber</b>, and the local system would only have needed to increase the number of treatment completers by 17 in this period (from 141 to 158) for performance to have been in the top quartile nationally.</p> <p>Some disruption to service delivery is expected in the first 3 months of the implementation of the new contract, due to transition of service provider and the re-organisation and re-modelling of the new service, and it is likely that this will have some impact on performance. It is also possible that the thorough data cleansing process that was undertaken, as part of the transition, will also affect reported performance, but the expectation is that a steady improvement in performance will begin to appear during the second half of the new financial year.</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	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 2 (Level 4 +Reading, Writing and Maths)
Strategic Director Lead	Clare Fish
Departmental Lead	Sue Talbot
Target	16.0

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	18.0 + / - Target: +2.0
Non-compliance reason	<p>Performance has improved compared to 2013/14, with the gap reduced by 2.9, but the target has been missed by 2.0 because not enough disadvantaged pupils achieved L4+ in writing (200/724).</p> <p>7.8% of disadvantaged pupils attaining Level 2 at the end of Key Stage 1 did not make expected progress (63/805).</p> <p>16% of pupils attaining a Level 2c at the end of Key Stage 1 did not achieve a Level 4 (56/349).</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)	Schools with the widest attainment gap in reading, writing or mathematics are identified.
How (will it be achieved)	Pupil progress is monitored every term through the School Causing Concern.
Who (will be responsible)	School Improvement Officers
When (will results be realised)	August 2015

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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	The % of Looked After Children (LAC) achieving Key Stages 2 (Level 4 +Reading, Writing and Maths)
Strategic Director Lead	Clare Fish
Departmental Lead	Lisa Arthey
Target	61.0
CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	46.0 + / - Target: -15.0
Non-compliance reason	<p>Performance of key stage 2 has shown some improvement with an increase of 3.1% since 20/03/14. However, it still remains low in relation to children who are not looked after by statutory carers or alternative family members.</p> <p>The Wirral attainment gap for all our children in care is 34% (reading, writing and maths). When compared to all national performance data of children in care in 2013, it does show that our children are only improving by 4% in reading and maths and 1% for reading and writing. The writing skills, against the national picture our children in care at key stage 1 and 2 is 10% higher than average nationally. Despite this, it is recognised we have not made the necessary improvement target set at 61%.</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)	To ensure better outcomes and reduction in the attainment gap we are looking to ensure our Carers, Social Workers and other professionals involved with our children identify through their care children likely to require additional support with reading and writing and are assisted in home schooling and homework clubs. Carers are encouraged to attend and identify with school and early learning provision.
How (will it be achieved)	<p>The review of the PEP (Personal Education Plan) has assisted with targeting these key areas for learning for children and involves support from social work staff, Early Years settings and education staff as above.</p> <ul style="list-style-type: none"> <li>• Use of the Pupil Premium Service in looking at more 1:1 development sessions for children are now in place</li> <li>• Work has been completed between Social Care and Education on an Early Learning Assessment to identify those children that are requiring assistance for reading, writing and maths at an earlier stage. A tracker of these children has been set up to ensure robust monitoring is reviewed quarterly.</li> </ul>
Who (will be responsible)	<p>Head of Specialist Services</p> <p>Head of Targeted Services</p> <p>Children in Care Group Manager and Senior Lead</p>
When (will results be realised)	The increased early learning assessment and support is expected to result in a reduction in the gap and an increase in attainment within the 2015 academic 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	The % of Looked After Children achieving expected levels at Key Stages 4 (5 or more A*-C including English and maths)
Strategic Director Lead	Clare Fish
Departmental Lead	Lisa Arthey
Target	44.0

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	13.2 + / - Target: -30.8
Non-compliance reason	<p>Performance has improved compared to 20/03/14 with an increase of 14% in achievement at key stage 4 qualifications but we still fall short of target by 30.8%.</p> <p>It is recognised as a national issue that the children in care attainment figure is lower than other children who are cared for at home. However in Wirral key stages 1 and 2 show good progress and work to address key stages 2-4 is set out below.</p> <p>Overall 5 children in care attained 5 A*- C including English and Maths (from 15 children).</p> <p>All children in care who attained 5A*- C remained at the same level as in 2013.</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>For 2015/16 there is a more robust approach to targeting support at school for those children in care.</p> <p>Through the Annual Personal Education Plan (PEP) social work staff and schools can identify key learning priorities to assist children in key areas – Maths and English in particular.</p>
How (will it be achieved)	<p>Integration of the (LACES) Looked After Children's Educational Service into the recently formulated Children in Care Teams will allow for better working in partnership to assist individual children.</p> <p>Introduction of 4 new teams to specialise in a much more holistic care approach to children in care with education support will fundamentally support better practice for children to reach educational outcomes.</p> <p>Introduction of the Personal Education Plans on our database i.e.</p>

	information system allows for better tracking and identification of those children who are not achieving as well as their peers.
Who (will be responsible)	Head of Service, Senior Manager Children looked after to lead.
When (will results be realised)	The new approach that has been put in place is expected to result in an increase in narrowing the gap within the 2015 academic year.

## 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	Inequality of achievement of a Level 2 qualification by the age of 19 (FSM)
Strategic Director Lead	Clare Fish
Departmental Lead	Paul Smith
Target	16.0

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	19.0 + / - Target: +3.0
Non-compliance reason	<p>Performance has deteriorated compared to 2013/14, with the gap increased by 2% (3% above the target). At a headline level the proportion of Wirral young people at age 19 that attainment a level 2 (87 percent) is equal to that of the national rate. Further analysis in respect of the level 2 inequality attainment gap illustrates that level 2 attainment for young people (previously free school meal eligible) in 2014 dropped by 1 percent. The inequality gap was further widened by this cohort of young people (not free school meal eligible) improving attainment levels by 1 percent in 2014. This cohort of Wirral young people out perform against the 2014 national average level 2 attainment rate (for not free school meal eligible) young people by 4 percentage points.</p> <p>The level 2 inequality gap is significantly narrowed by 16.7 percentage points between key stage 4 (35.7 percent) and young people at age 19 (19 percent).</p> <p>The issue for Wirral young people appears to be that for young people (previously free school meal eligible) that haven't attained a full level 2 by the end of key stage 4 do not progress and / or underachieve at post 16 in some institutions.</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)	Analysis of data EPAS can be used to identify those institutions with the most significant attainment inequality gaps. Level 2 attainment for young people, previously free school meal eligible, needs to be significantly increased. It is anticipated that Wirral secondary schools approaches at key stage 3 and 4 linked to pupil premium and the Council RADY Project will have a positive impact from 2016/17.
How (will it be achieved)	Local authority challenge and support needs to be targeted at the 4 to 5 Wirral post 16 institutions that significantly under perform. Work needs to be undertaken to also understand how the best performing institutions manage to maintain a low inequality performance gap. Additional targeted resource may also be required to support named young people age 16/17 from deprived backgrounds that have a full level 1 attainment to access, sustain and be successful with a level 2 programme of study.
Who (will be responsible)	Sue Talbot, Schools Commissioning Manager Paul Smith, 14-19 Strategy Manager
When (will results be realised)	May 2018

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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	Inequality of achievement of a Level 3 qualification by the age of 19 (FSM)
Strategic Director Lead	Clare Fish
Departmental Lead	Paul Smith
Target	31.0
CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	38.0 + / - Target: +7.0
Non-compliance reason	<p>Performance has deteriorated compared to 2013/14, with the gap increased by 2.0 (7.0 above the target of 31.0). Level 3 achievement by Wirral young people at age 19 (previously not free school meal eligible) is significantly above the national average (+6 percentage points above the national average at 66 percent). Performance of those young people at age 19 (previously free school meal eligible) didn't change between 2012/13 and 2013/14; however, their achievement is significantly down against the national average (-7 percentage points at 29 percent). The Wirral performance issue is therefore underachievement of young people eligible for free school meals at level 3. The inequality attainment gap starts very early in a young person life whilst attending compulsory education and continues to increase post 16.</p> <p>Participation of all Wirral young people aged 16 to 19 in education, employment and / or training remains high (91.23 percent, March 2015 and is slightly higher than March 2014).</p> <p>The issue on Wirral appears to be that young people, previously free school meal eligible, that attain a full level 2 by the end of key stage 4 do not progress and / or underachieve at post 16 in some institutions.</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)	Analysis of data EPAS can be used to identify those institutions with the most significant attainment inequality gaps. Level 3 attainment for young people (previously free school meal eligible) needs to be significantly increased. A 10 percent reduction in the level 3 attainment gap at age 19 would require an additional 102 young people (previously free school meal eligible) to attain a level 3 by age 19.
How (will it be achieved)	Local authority challenge and support needs to be targeted at the 4 to 5 Wirral post 16 institutions that significantly under perform. Work needs to be undertaken to also understand how the best performing institutions manage to maintain a low inequality performance gap. Additional targeted resource may also be required to support named young people age 16/17 from deprived backgrounds that have a full level 2 attainment to access, sustain and be successful with a level 3 programme of study.
Who (will be responsible)	Sue Talbot, Schools Commissioning Manager Paul Smith, 14-19 Strategy Manager
When (will results be realised)	May 2018

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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	Lisa Arthey
Target	80.0

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	68.2 + / - Target: +11.8
Non-compliance reason	<p>Of the 22 adoptions to date 12 were completed within timescale. 3 Children adopted by their existing carer have now been included in the formula. These were previously excluded.</p> <p>The target was missed because 5 of the children adopted had additional developmental needs, which resulted in taking longer to identify a suitable family for them. This was reviewed regularly and agreed that despite the time taken, adoption would be the right outcome for them.</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)	Early Identification and tracking of children in need of adoption are in place to minimise future delay.
How (will it be achieved)	<p>Adoption tracker is reviewed monthly and discussed monthly at surgeries.</p> <p>Ongoing training and support to staff looking at the impact of delay and a more robust approach to early identification of children eligible for adoption at Statutory Reviews and Legal Gateway meetings is now in place.</p>
Who (will be responsible)	Simon Fisher / Sue Leedham / overseen by Lisa Arthey
When (will results be realised)	

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**PERFORMANCE ACTION PLAN – Year-end Performance 2014/15**

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	61.3 (Mar '15)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	79.3	+ / - Target: +18 (+29.4%)
Non-compliance reason	<p>Whilst performance has been below targeted levels this is in the main due to Wirral having set an ambitious target for 2014/15.</p> <p>Based on the latest available AQuA data Wirral had the fewest lost bed days in January out of all North West authorities.</p> <p>All areas across the North West are currently under significant pressure.</p> <p>Comparing the total lost bed days between Apr and Feb 2013-14 to the total for the same period in 2014-15 shows a 23.3% increase.</p> <p>The increased trajectory is partly due to delays attributable to the NHS. 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>Seven day working has in part been implemented. Full implementation is on track for 1<sup>st</sup> September.</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)	Performance will remain red once the final delayed discharge figures are released by NHS England later this month.	
How (will it be achieved)	<p>Weekend access to both intermediate care and transitional care beds has been put in place. The additional winter pressure bed capacity was extended for a further 2 months, using helping people home grant funding. A further pilot commission was introduced to support people up to 72 hrs at home overnight, using the same grant funding.</p> <p>A further tender has gone out to increase availability of intermediate care / transitional beds from 70 to 110. This additional capacity will be available from September 15.</p> <p>Discharge pathway redesign work has been recently completed</p>	

	<p>with new simplified pathways and processes. This has been briefed to all staff. Feedback from the 'Breaking the cycle' event at Wirral University Teaching Hospital has been fed into the Discharge task and finish group to improve length of stay and flow in the hospital. Significant work is underway to focus upon discharge and reduced Length of stay.</p> <p>Integrated seven day response is in place for care teams. Work is underway to ensure full implementation of seven day response is in place by September 15.</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. Age UK are now commissioned to support this work.</p> <p>Wirral University Teaching Hospital is embedding 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 and once additional bed capacity is available in September 15.</p>

**PERFORMANCE ACTION PLAN – Year-end Performance 2014/15**

INDICATOR OVERVIEW		
Indicator Title	Overall satisfaction of carers with social services	
Strategic Director Lead	Clare Fish	
Departmental Lead	Jacqui Evans	
Target	46%	
CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	32.5%	+ / - Target: -13.5 (-29.3%)
Non-compliance reason	<p>The data used to inform this measure is taken from the Carers Survey which is run biennially. The overall satisfaction of carers with social services has fallen from 41.1% in 2012-13 to 32.5% in 2014-15.</p> <p>A number of changes in policy decisions recently will have had an impact upon carers / notably charging for services and the cessation of carer direct payments.</p> <p>Of those carers reporting dissatisfaction with the support they have received almost half are caring for people who are aged under 65 with a learning disability. Less than 10% of carers who reported dissatisfaction actually received a service from the department which suggests that their unhappiness may stem from the perceived lack of direct support they have received.</p> <p>Ensuring that carers are offered either a joint assessment/review or one in their own right will also be critical as this is an area that the department has previously underperformed against.</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>Wirral's strategy for carers identified the need to promote and develop the following areas:</p> <ol style="list-style-type: none"> <li>1) Ensuring that there is an improvement in recognising and identifying Carers across all agencies</li> <li>2) Working towards Carers being able to access services within their communities</li> <li>3) Improving the support networks for Carers to ensure that they receive the appropriate support so that they can continue with their caring role</li> <li>4) Improving the health and wellbeing of Carers</li> <li>5) Ensuring that Carers feel supported to undertake training or education, continue to work or to develop their skills which will assist them to join the workforce</li> </ol>	

	<ul style="list-style-type: none"> <li>6) Supporting Carers to maintain a life outside their caring role</li> <li>7) Working towards agencies recognising and valuing their Carers expertise in their care of the person</li> <li>8) Supporting agencies in adopting the 'whole family approach', where the needs of the Carer, cared for and the wider family are considered when providing support</li> <li>9) Ensuring that there is an improved diversity of Carers involved in the design and delivery of services.</li> </ul>
How (will it be achieved)	<p>DASS and Wirral CCG have formed a pooled budget within the Better Care Fund to realign the commissioning of Carers Services with Wirral Carers Strategy. The new jointly commissioned Carers Health and Wellbeing services addresses the priority action areas identified above. The contract length is one year with an option to extend for a further year. Not all of the services provided in this commission are for Carers who are eligible for social care support but are preventative support.</p> <p>The Carers Assessment, Policies and Procedures and information and advice available to Carers are being reviewed in light of the Care Act.</p>
Who (will be responsible)	Jacqui Evans (Head of Service – Transformation)
When (will results be realised)	<p>The new contracts will be monitored over the year, for activity, the number of Carers accessing support, training and services.</p> <p>Satisfaction of Carers using the services will be measured over the year.</p>

**PERFORMANCE ACTION PLAN – Year-end Performance 2014/15**

INDICATOR OVERVIEW	
Indicator Title	Proportion of people who use services who find it easy to find information about support
Strategic Director Lead	Clare Fish
Departmental Lead	Jacqui Evans
Target	80.0%

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	68.7% + / - Target: -11.3 (-14.1%)
Non-compliance reason	<p>The proportion of people reporting they find it easy to find information about support has fallen by 6.8% from 2013-14.</p> <p>Older people resident in care homes find it easiest to find information and advice (79%) whilst Adults aged 18-64 with a mental health issue / physical disability find it the hardest (60%).</p> <p>The department currently funds a 3rd sector service which provides a telephone advice and information service, data collected by this service shows that 99% of people accessing the service reported that their enquiry was satisfactorily resolved.</p> <p>This suggests a lack of awareness that this service exists, implementation of Phase 2 of Liquidlogic and also the requirements of the Care Act should see improvement against this measure in 2015-16.</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>Under the requirements of the Care Act the department has a duty to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.</p> <p>This department has commissioned a service since 1<sup>st</sup> April 2014 and the monitoring information available indicates that users of this service feel it has a positive impact. However, consideration will need to be given to how this service is promoted to ensure an enhanced awareness of its existence.</p>
How (will it be achieved)	<p>Implementation of Phase 2 of Liquidlogic will include a number of enhancements to the existing system which include the citizen and customer portals.</p> <p>These portals will drastically change the way that both users of social care and people seeking advice and information interact with the department. These portals will encourage self-service and will be critical to meeting the additional burdens that the Care Act is forecast to bring.</p> <p>Work is underway to update public facing information leaflets and to improve website information.</p>
Who (will be responsible)	Jacqui Evans (Head of Service – Transformation)
When (will results be realised)	Implementation of Phase 2 is currently underway with a view to full rollout in Quarter 2 of 2015/16.

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## WIRRAL COUNCIL

### FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

30 JUNE 2015

<b>SUBJECT:</b>	<b>Disability Service for Children – Progress Report</b>
<b>WARD/S AFFECTED:</b>	<b>All Wards</b>
<b>REPORT OF:</b>	<b>Director of Children’s Services</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>Councillor Tony Smith</b>
<b>KEY DECISION?</b>	<b>No</b>

#### 1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this paper is to update members of the Policy and Performance Committee, on the children with disabilities budget option, a saving of £600,000, as part of a move towards an “All Age Disability Service”. The report specifically deals with the first two strands set out below, namely, proposals to make changes to the operational arrangements at Willow Tree short break unit for children and young people with disabilities and reviewing how support is provided to children with disabilities and their families.
- 1.2 It is anticipated that subject to consultation with families using the services and staff members, that savings can be made through greater efficiencies with minimal impact on families. This would be achieved by amalgamating services, adjusting management capacity, reducing the overall number of staff required and making changes to contracts and grades.
- 1.3 The principles of providing early help and support and working in partnership with children and families will continue to guide this work.

#### 2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Cabinet meeting on 9<sup>th</sup> December 2014 received a report on 2015/16 budget options. It stated a determination to continue the redesign of social care services, enabling a saving of £600k to be made through changes to the Willow Tree, a short break unit for children and young people with disabilities by:
- Reviewing how support is provided to children with disabilities and their families
  - A focus on greater involvement in intervention with other services.

Although the first two points relate only to Children’ Services the work as a whole is still seen as moving towards an ‘All Age Disability Service’. This is described in Future Council Consultation 2014 as involving

“An holistic review and redesign of the way we deliver services to disabled children and their families including overnight short breaks at Willow Tree and the interface between children’s and adult services. It would mean a redesign of how support is delivered, with greater integration with other service areas, in particular early help and adult social care. Detailed consultation with children and families accessing services will take place before any changes.”

## **2.3 Service Redesign:**

2.3.1 The sections below provide more detail on how savings could be made as a first consideration through changes to the way services are delivered. Consideration also needs to be given to whether in the longer term this remains the right delivery model for supporting children with disabilities and their families, which would be considered at phase 2 at the appropriate time.

## **2.4 Willow Tree Short Breaks Service**

2.4.1 Willow Tree is a 9 bedroom, 24-hour short break resource. The service provides accommodation for young people with complex learning difficulties who often present with extremely challenging behaviour and need an extensive short break package in order to maintain them in their own home. The service also provides support to young people with complex health and physical disabilities. The resource supports approximately 58 young people and is managed by a registered manager, a deputy team manager and three team leaders who manage Day and Night Residential Child Care Officers (RCCO’s) and Night Care Assistants (NCA’s). The service is regulated by Ofsted and there is a requirement to have a registered manager.

2.4.2 To meet the needs of children on a 24 hour basis, a shift system is in place that covers waking hours and throughout the evenings and night time. The RCCO’s provide direct support to young people and are trained to NVQ level 3; they support young people to ensure their emotional and developmental needs are met. A number of young people who use the service can display challenging behaviour and staff members are trained in supportive techniques in order to provide effective and safe care.

2.4.3 During night time hours young people are supported by night RCCO’s and NCA’s, with the former taking lead responsibility for making decisions as there is no manager on duty during night times, although a manager is always on call.

2.4.4 A key function of the RCCO’s is to provide a ‘key worker’ function, which entails being allocated to a number of young people and ensuring preparations are made for their stay and ensuring that all relevant documentation such as consent from parents, medication, care plans etc are all in place, alongside attending Reviews and planning meetings on an ongoing basis.

2.4.5 Ofsted rated Willow Tree as outstanding in June 2014 and this grading was maintained following a further inspection in March 2015. This is an excellent result and a tribute to all of the staff that care for some of Wirral’s most vulnerable children and young people.

## **2.5 Family Support Service for Children with Disabilities**

- 2.5.1 The Children with Disabilities Family Support Service provides support to approximately 39 families both in the home and in the community. A team leader manages a team of Family Support Workers. The service has to provide planned and emergency support to protect and promote the welfare of children in partnership with the Children with Disabilities social work team, Willow Tree, key agencies, parents and children themselves. This entails contributing to social work assessments of need, supporting parents with managing behaviour and taking young people out into the community, which provides respite for parents and also positive activities for young people. During term time the service predominantly works with families after school. The service is at its busiest during school holidays.
- 2.5.2 The team comprises Family Support Workers who are also trained to NVQ level 3 and have received training in supportive techniques to care for children and to keep them safe. The team supports a number of young people who also attend Willow Tree Short Break Service.

## **2.6 Proposals and Impact on Staff:**

- 2.6.1 The demand for Willow Tree's Services and the Family Support Service is high and although staff work as flexibly as possible, current contracts do preclude the full flexibility required to meet children and young people's needs. This is particularly the case for the family support service which has periods of 'down time' during the day during term time due to the majority of children being in school.
- 2.6.2 Both staff teams support children with the same level of complex needs and some of these children are supported by both services. Both staff groups are required to hold the same qualification and their training needs and skill base is very similar.
- 2.6.3 Willow Tree is frequently required to respond to emergency admissions, which increases pressure on the services and can have a significant impact on the staffing budget as additional staff can be required.
- 2.6.4 It is proposed that the services combine to form one service utilising the skills of both teams to provide a Short Breaks and Outreach Service for Children.
- 2.6.5 Willow Tree is staffed by 8 staff on each morning and afternoon shifts, with approximately 4 staff working at night times. This level of staffing provides for a maximum of 2,912 bed nights to be filled per annum however, current occupancy runs at 2,446 beds per annum leaving spare capacity of 466 (16%). Analysis shows it is possible to reduce the number of staff per shift to 7, giving capacity for 2,548 bed nights per annum leaving spare capacity of 103 beds. This analysis has been undertaken by the senior leaders within the service who know the children and the service well. It is assessed that this proposal will not impact on the quality of care, especially the safety of care afforded to the children.
- 2.6.6 With regard to the direct work with families this would instead be provided on an outreach basis with additional staff on rota in the afternoons/early evenings provided from Willow Tree. The major difference being, that there would no longer be a differentiation in role between staff working at Willow Tree and in the family support service as they have the same skills, qualifications and often work with the

same children. The roles of RCCO and family support worker would therefore, be disbanded and a new role of Residential and Outreach Worker created in their place.

2.6.7 Bringing the two services together would lead to :-

- A Remodelling of roles and responsibilities to meet a changed model of delivery of services to families
- More generic working
- A restructure and potential reduction of some roles
- A review of contracts, rota's and greater flexible working to aligning staffing with service demands

2.6.8 Subject to outcome of consultation, any required selection and recruitment processes will be undertaken in accordance with Council's policies. Transitional Pay will apply where appropriate.

## 2.7 Impact on Families:

2.7.1 These proposals will be subject to consultation. Families currently receiving a service from Willow Tree will not see the number of nights respite they receive reduced. We will have some capacity to provide additional nights where needed.

2.7.2 With regards to the family support service, existing and new families will continue to receive support after school and before school where required.

## 2.8 Savings:

2.9 The proposed savings are shown below with approximately £254k already achieved. It is proposed that the re-design of Willow Tree and the Family Support Service will achieve the remaining savings of £350k.

Post/Proposal	Costs, including on costs £	Implications
Service Manager Children with Disabilities	57,425	<b>Already Achieved</b>
Family Support Worker	31,509	<b>Already Achieved</b>
Transitions Manager		This saving will depend on which option for redesign is chosen
Willow Tree / Family Support Services redesign	350,000	Combining the two service areas to become a short break and outreach service. This will involve a reduction and change in the roles of Residential and Outreach Workers, and a small, safe reduction in management capacity. Consultation with staff and Trade Unions will be needed.
Short Breaks Commissioning	100,000	<b>Already achieved</b>
Holding 2 vacant social	65,003	<b>Already Achieved</b>

work posts and reviewing when new operational model in place (2016/17)		
<b>Total</b>	<b>603, 937</b>	

## **2.10 Next Steps:**

2.10.1 Consultation with families receiving services will take place in July using questionnaires, one to one discussions and consultation briefings for a period of 6 weeks. Following this, consultation would then take place with staff members affected. All consultation will be completed by the end of September. It is proposed that the views of both groups will be taken into account to inform the implementation of changes.

2.10.2 The re-design will be incorporated into the broader All Age Disability proposal, ensuring a focus on early intervention and support for families and increased integration with Adult Social Services.

## **3.0 RELEVANT RISKS**

3.1 Delay in implementation of the proposals will result in further delay in achieving the financial savings of £350k, which will not be realised in full this financial year.

3.2 Families and staff affected will be consulted but may not agree with all or some of what is being proposed, which may impact on the re-design.

## **4.0 OTHER OPTIONS CONSIDERED**

4.1 The proposals affecting Willow Tree and family support are part of a broader All Age Disability Service proposal as highlighted above.

## **5.0 CONSULTATION**

5.1 Future Council 2014

## **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

6.1 None

## **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

7.1 There are no direct implications as the services are currently provided by the Council.

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

8.1 The redesign of Disability Services will achieve a budget saving of £600,000. Given the consultation required will not be completed until later this year, part of the restructure will be delayed resulting in slippage in the region of £300,000.



**BACKGROUND PAPERS/REFERENCE MATERIAL**

**BRIEFING NOTES HISTORY**

<b>Briefing Note</b>	<b>Date</b>

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Cabinet</b>	<b>09/12/14</b>

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## WIRRAL COUNCIL

### Families and Wellbeing Policy and Performance Committee

30<sup>th</sup> June 2015

<b>SUBJECT:</b>	<b>Health and Care Performance Panel</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>Clare Fish (Strategic Director of Families &amp; Wellbeing)</b>

#### 1.0 EXECUTIVE SUMMARY

1.1 This report requests that members approve the terms of reference and nominate the membership to the Health and Care Performance Panel for the 2015/16 municipal year.

#### 2.0 THE HEALTH AND CARE PERFORMANCE PANEL FOR THE 2015/16 MUNICIPAL YEAR

2.1 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 this Committee and by Cabinet.

2.2 Recommendation 8 of the scrutiny report was:

***Establishment of the Health Performance Monitoring Panel***

*In order to fulfill health scrutiny's role to hold providers to account, the Families and Wellbeing Policy & Performance Committee will establish a standing member's panel to monitor the performance of health providers. It is suggested that the Panel will be known as the Health Performance Monitoring Panel and will be established in readiness to review the Quality Accounts produced by health partners in spring 2014.*

2.3 Subsequently, this Committee agreed that a Panel be established to scrutinise the performance of health and care services in Wirral. The Panel was in place for the previous municipal year. Feedback from those members directly involved has been positive. Therefore, it is proposed that the Health & Care Performance Panel will be re-established for the new municipal year (2015/16).

2.4 The terms of reference for the panel (2015/16) are attached to this report. No changes have been made to the version adopted during the previous municipal year.

2.5 When introduced last year, the Panel was established on a politically proportionate basis. This will mean that the membership for the 2015/16 municipal year will be Labour 4; Conservative 2; Liberal Democrat 1. The Chair and Vice Chair of the Panel will be nominated at the first meeting of the Panel. Deputies can be nominated as detailed in the terms of reference.

2.6 It is proposed that six meeting dates will be agreed for the Panel at the start of the municipal year, with additional meetings being arranged if required.

2.7 It is also suggested that a work plan for the Panel will be developed at the first meeting of the Panel.

### **3.0 RELEVANT RISKS**

3.1 N/A

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 N/A

### **5.0 CONSULTATION**

5.1 N/A

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

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 It is expected that officer support for the Health and Care Performance Panel will be met from within existing resources.

### **9.0 LEGAL IMPLICATIONS**

9.1 N/A

### **10.0 EQUALITIES IMPLICATIONS**

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?  
(c) No because of another reason which is: The report is for information to Members and there are no direct equalities implications at this stage.

### **11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS**

11.1 N/A

### **12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

12.1 N/A

### **13.0 RECOMMENDATION/S**

13.1 Committee approves the proposed terms of reference for the Health and Care Performance Panel.

13.2 Committee is requested to make the appropriate nominations for members and deputies to the Health and Care Performance Panel.

### **14.0 REASON/S FOR RECOMMENDATION/S**

14.1 The recommendations will ensure that Committee members continue to fulfil their health scrutiny role.

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### **APPENDICES:**

Terms of reference for the Health and Care Performance Panel

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# **FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE**

## **PROPOSED HEALTH AND CARE PERFORMANCE PANEL**

### **TERMS OF REFERENCE**

#### **CONTEXT**

This panel has been established in response to the recommendations made by the Francis Report Scrutiny Panel (January 2014).

#### **PURPOSE & FUNCTION**

The Health and Care Performance Panel will support the Families and Wellbeing Policy & Performance Committee by examining, evaluating and monitoring health & social care performance issues and themes across the Borough and beyond (as considered appropriate).

The Panel shall report its findings and make recommendations to the Families and Wellbeing Policy & Performance Committee as it considers necessary and appropriate.

The Panel shall also undertake such other work / tasks as are allocated to it by the Families and Wellbeing Policy & Performance Committee from time to time.

#### **MEMBERSHIP**

Members will be drawn from the Families and Wellbeing Committee.

The Panel membership will consist of 7 Elected Members and seats will be allocated in accordance with the political proportionality of the Council.

#### **CHAIR and VICE CHAIR**

The Chair and Vice Chair of the Panel will be agreed by the Panel at its first meeting. The appointment of Chair and Vice-Chair shall be for the Municipal Year (unless otherwise changed by the Panel).

#### **DEPUTIES**

A maximum of 8 Elected Members per political group may be nominated to sit on the Panel as Deputies. The appointment of Deputies shall take effect upon the Group Leaders of each political group notifying the Head of Legal & Member Services of their deputy nominations.

## **KEY RESPONSIBILITIES**

The Health and Care Performance Panel will provide oversight, support and challenge to the activities of Wirral Council and its partners in relation to the following key areas:

- Scrutinise the draft Quality Accounts of health service providers and offer feedback;
- Review evidence that the priorities set in the Quality Account are being delivered;
- Scrutinise the general performance of the local Trusts, escalating issues to the Families and Wellbeing Policy & Performance Committee as appropriate.
- Establish an effective flow of information and identify health service indicators with other bodies, such as Wirral Healthwatch, Wirral CCG and the Quality Surveillance Group (led by the NHS England Area Team).
- Review the performance of social care providers as appropriate.

The Panel will engage appropriately with partners across the Health & Social Care sector.

The Panel will be supported by officers from the Council and Partner agencies as and when required.

## **FREQUENCY OF MEETINGS**

A minimum of two Panel meetings will be held per year. At least one meeting will review progress against the current quality account and one to provide comments on draft quality accounts.

Additional meetings may be scheduled as and when required by the Panel.

## **DELEGATED AUTHORITY**

The Chair (or Vice-Chair) of the Panel will have authority to respond to Quality Accounts.

## **REGULAR OUTPUTS**

The Panel will provide commentary on the Quality Accounts annually to the health partners. Any other commentary will be reported to the Families and Wellbeing Policy & Performance Committee.

## WIRRAL COUNCIL

### Families and Wellbeing Policy and Performance Committee

30<sup>th</sup> June 2015

<b>SUBJECT:</b>	<b>Children Sub-Committee</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>Clare Fish (Strategic Director of Families &amp; Wellbeing)</b>

#### 1.0 EXECUTIVE SUMMARY

1.1 This report enables members to approve the terms of reference and nominate the membership to the Children Sub-Committee (formerly known as the Attainment Sub-Committee) for the 2015/16 municipal year.

#### 2.0 CHILDREN SUB-COMMITTEE FOR THE 2015/16 MUNICIPAL YEAR

2.1 The Attainment Sub-Committee was established in December 2013 as a successor to the 0-19 Standards Sub-Committee. The remit of the Sub-Committee focussed largely, although not exclusively on educational attainment of young people. This meant that a significant proportion of the Sub-Committee's time was spent on scrutinising issues relating to educational achievement, performance of schools and their progress relating to narrowing the gap.

2.2 The Chair and Spokespersons of the Families and Wellbeing Policy & Performance Committee have recently reflected upon the progress made by the Sub-Committee since its introduction. The priorities of the Attainment Sub-Committee have been reviewed with officers. It is now proposed that the Sub-Committee should re-focus its priorities to ensure that the key outcomes for children, as detailed in the Departmental Plan (2015/16), are scrutinised effectively:

*“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 re-position the Council's relationship with schools to ensure priorities are delivered, including closing the attainment gap”.*

- 2.3 In order to reflect those outcomes, it is proposed that the work priorities for the Sub-Committee will not only focus on educational outcomes, including those described in paragraph 2.1 above, but will also include broader issues for children such as foundation years, school readiness and children's social care. This will reflect the broader determinants of outcomes for young people. As a consequence, and to reflect this approach, it is proposed that the Attainment Sub-Committee be re-named as the Children Sub-Committee. The proposed terms of reference for the Sub-Committee are attached as an appendix to this report.
- 2.4 As with the Attainment Sub-Committee it is proposed that the Children Sub-Committee will be established on a politically proportionate basis. This will mean that the membership for the 2015/16 municipal year will be Labour 4; Conservative 2; Liberal Democrat 1. The Chair and Vice Chair of the Sub-Committee for the municipal year will be nominated at the first meeting of the Sub-Committee. Deputies can be nominated as detailed in the terms of reference.
- 2.5 The initial intention is that a minimum of three formal meetings of the Sub-Committee will be held during the municipal year, with meetings suggested in September, December and March. Additional meetings can be arranged if required.
- 2.6 Initial suggestions for topics for the work programme include:
- 'Giving Wirral children the best start in life' – an officer report prior to possible task and finish work.
  - Exception reports highlighting positive and negative aspects arising from school Ofsted inspection reports – regular officer reports.
  - Standards report regarding outcomes for Key Stage 1, Key Stage 2, GCSE and A Levels, including impact on 'narrowing the gap'. – officer report.
  - Children social care – progress report regarding implementation of the new delivery model.

Further topics for the work programme will be discussed by members at the first meeting of the Children Sub-Committee.

### **3.0 RELEVANT RISKS**

3.1 N/A

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 N/A

### **5.0 CONSULTATION**

5.1 N/A

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

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 It is expected that officer support for the Attainment Sub-Committee will be met from within existing resources.

## **9.0 LEGAL IMPLICATIONS**

9.1 N/A

## **10.0 EQUALITIES IMPLICATIONS**

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?  
(c) No because of another reason which is: The report is for information to Members and there are no direct equalities implications at this stage.

## **11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS**

11.1 N/A

## **12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

12.1 N/A

## **13.0 RECOMMENDATION/S**

13.1 Committee approves the terms of reference for the Children Sub-Committee.

13.2 Committee is requested to make the appropriate nominations for members and deputies to the Children Sub-Committee.

## **14.0 REASON/S FOR RECOMMENDATION/S**

14.1 The recommendations will ensure that the previous work of the Attainment Sub-Committee can continue for the forthcoming municipal year, reinforced by a broader remit to enable the scrutiny of topics relating to the outcomes for young people.

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## **APPENDICES:**

Terms of reference for the Children Sub-Committee

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# **FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE**

## **CHILDREN SUB-COMMITTEE**

### **OBJECTIVES**

The objectives of the Children Sub-Committee are to support the Council and its partners in ensuring:

- Children are ready for school;
- Young people are ready for work and adulthood
- Children and young people feel safe and are safe
- Vulnerable children thrive and reach their full potential
- Children and young people's views and voices are evidenced in and integral to all of the above objectives.

### **TERMS OF REFERENCE**

The Children Sub-Committee will provide oversight, support and challenge to the activities of Wirral Council and its partners in relation to the following areas:

- Children's attainment in school, focusing in particular on the attainment of the most vulnerable children, evidenced by the gap in attainment narrowing;
- The quality and performance of educational provision overall in Wirral, as judged by Ofsted;
- The quality and effectiveness of pre-birth to five year old support and provision for children and parents, leading to children having the best start in life, evidenced by their readiness for school;
- The quality and effectiveness of specialist children social care and partner provision to support the most vulnerable children, leading to children being safe and achieving their full potential;
- Targeted early help effectively supports more children to thrive and live safely in their families and communities
- Monitoring Local Authority performance against its statutory duties

**PROPOSED WORKING PRACTICES OF THE CHILDREN SUB-COMMITTEE**

<b>Sub Committee meetings</b>	
<b>Chair</b>	The Chair and Vice-Chair will be appointed at the first meeting of the Sub-Committee in the municipal year
<b>Membership</b>	The membership of the Sub-Committee will be politically proportional. (On the current political balance, this translates into 4 Labour; 2 Conservative; 1 Liberal Democrat). In addition, the 4 statutory education co-optees will be members of the Sub-Committee.
<b>Deputies</b>	A maximum of 8 Elected Members per political group may be nominated to sit on the Sub-Committee as Deputies. The appointment of Deputies shall take effect upon the Group Leaders of each political group notifying the Head of Legal & Member Services of their deputy nominations.
<b>Frequency</b>	To meet a minimum of three times per year.
<b>Work programme</b>	The Sub-Committee will identify a work programme for the year, to include: <ul style="list-style-type: none"> <li>• Task &amp; Finish Groups</li> <li>• Standing Items</li> <li>• Specific Officer reports / presentations</li> </ul>
<b>Reporting Requirements</b>	The minutes of the Sub-Committee meetings will be reported to the next available Policy & Performance Committee.
<b>Communication &amp; Transparency</b>	Meetings will be held in public with agendas being published prior to the meeting and formal minutes being produced. Therefore, support from Committee services will be required

## WIRRAL COUNCIL

### Families and Wellbeing Policy and Performance Committee

30<sup>th</sup> June 2015

<b>SUBJECT:</b>	<b>Joint Protocol – Health and Wellbeing Board, Healthwatch and health scrutiny</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>Clare Fish (Strategic Director of Families &amp; Wellbeing)</b>

#### 1.0 EXECUTIVE SUMMARY

1.1 This report requests that members approve an agreement which is aimed at strengthening joint working arrangements between Wirral Health and Wellbeing Board, Wirral Healthwatch and health scrutiny (currently undertaken by the Families and Wellbeing Policy & Performance Committee).

#### 2.0 BACKGROUND

2.1 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 this Committee and by Cabinet.

2.2 Two of the recommendations of Wirral's scrutiny review were:

**Recommendation 11 – Protocol for effective working between Healthwatch and health scrutiny**

*The Head of Policy & Performance / Director of Public Health is requested to develop a protocol between Healthwatch and health scrutiny in order to encourage collaborative and effective joint working.*

**Recommendation 12 – Framework for effective working between the Health & Wellbeing Board and health scrutiny**

*The Head of Policy & Performance / Director of Public Health is requested to develop a framework to encourage a constructive working relationship between Health & Wellbeing Board and health scrutiny, ensuring that strategies reflect priorities and deliver outcomes.*

2.3 The Robert Francis report, arising from events at Mid Staffordshire hospital, stressed the necessity to "promote the coordination and cooperation between local Healthwatch, Health & Wellbeing Boards and local government scrutiny committees". Meetings of representatives of the three bodies have been held recently to review the practical working arrangements in Wirral.

- 2.4 Wirral Health and Wellbeing Board, Healthwatch Wirral and the Families and Wellbeing Policy & Performance Committee (which currently undertakes Wirral Council's health scrutiny responsibilities) share a common goal of improving health and social care services to benefit the health and wellbeing of residents. All three have a role to play in reviewing and making recommendations about the way local services are planned and delivered. However, without due consideration for the complementary roles, there is potential for duplication when reviewing the health and social care system, and a lack of understanding about how the 3 bodies interact.
- 2.5 It has been agreed that, in order to secure stronger working relationships, a draft agreement to promote closer working arrangements should be produced. The draft protocol, which is attached as an appendix to this report, aims to ensure that appropriate mechanisms are in place to:
- exchange information, intelligence and work programmes;
  - recognise issues of mutual concern / interest at an early stage and ensure they are dealt with in a spirit of co-operation;
  - avoid any duplication of effort;
  - provide a shared understanding of the process of referrals and arrangements for dealing with such referrals.
- 2.6 In addition to the draft protocol being considered by the Families and Wellbeing Policy & Performance Committee, it is also proposed that the document will be reviewed by Wirral's Health and Wellbeing Board and Wirral Healthwatch. Subject to any amendments, it is hoped that the protocol will be approved by the three bodies.
- 2.7 At a practical level, steps have already been taken to strengthen the working relationships. As examples, the manager of Healthwatch Wirral has already been invited to attend meetings of the Health and Care Performance Panel and will, in future, be invited to attend meetings of the Families and Wellbeing Policy & Performance Committee (as a not-voting invitee).

### **3.0 RELEVANT RISKS**

3.1 N/A

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 N/A

### **5.0 CONSULTATION**

5.1 As well as the draft protocol being presented to the Families and Wellbeing Policy & Performance Committee, it will also be considered by Wirral's Health and Wellbeing Board and Wirral Healthwatch.

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

6.1 N/A

## **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

7.1 The proposed working agreement relates to one of the Council's third sector partners, Healthwatch.

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

8.1 It is expected that implementation of the protocol will not require any additional resources.

## **9.0 LEGAL IMPLICATIONS**

9.1 N/A

## **10.0 EQUALITIES IMPLICATIONS**

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?  
(c) No because of another reason which is: The report is for information to Members and there are no direct equalities implications at this stage.

## **11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS**

11.1 N/A

## **12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

12.1 N/A

## **13.0 RECOMMENDATION/S**

13.1 Committee approves the proposed agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny.

13.2 Officers, with agreement from the Chair and Group Spokespersons, finalise any amendments to the draft agreement following the consultation with the three bodies.

## **14.0 REASON/S FOR RECOMMENDATION/S**

14.1 The recommendations will ensure that Committee members implement two of the recommendations from one of its previous scrutiny reviews and follows good practice as proposed in the Francis Report.

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## **APPENDICES:**

Agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny

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## **Agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny**

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### **1. Purpose of the Agreement**

This Agreement sets out the relationship between the Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral health scrutiny (currently undertaken by the Families and Wellbeing Policy & Performance Committee). Whilst these bodies have specific distinct functions, there is potential for overlap in their work and opportunities for them to work in a complementary way whilst maintaining their independence.

The Agreement clarifies the key roles of the 3 bodies, their legal obligations to each other and how they will work together to improve the health and social care services for people in Wirral.

The following document aims to ensure that appropriate mechanisms are in place to:

- exchange information, intelligence and work programmes;
- recognise issues of mutual concern / interest at an early stage and ensure they are dealt with in a spirit of co-operation;
- avoid any duplication of effort;
- provide a shared understanding of the process of referrals and arrangements for dealing with such referrals.

### **2. Roles and Responsibilities**

#### **2.1 Wirral Health and Wellbeing Board**

Wirral Health and Wellbeing Board (the Board) was established in response to the Health and Social Care Act 2012 to act as a forum for key leaders from the health and care system to work together to improve the health and wellbeing of the residents of Wirral and to promote the integration of services. The role of the Board includes:

- A duty to encourage integrated health and social care provision and to provide advice and guidance to support such arrangements;
- A duty to oversee the development of the Joint Strategic Needs Assessment (JSNA) which provides a comprehensive picture of the health and wellbeing needs of Wirral;
- A duty to produce a Joint Health and Wellbeing Strategy (JHWS) covering social care, health care and public health;
- A duty to develop the Pharmaceutical Needs Assessment;
- A right to be consulted by Wirral Clinical Commissioning Group (CCG) on their commissioning plan and to give an opinion whether the CCG's commissioning plan takes proper account of the Joint Health and Wellbeing Strategy.

## 2.2 Health Scrutiny

Overview and scrutiny helps to provide accountability and transparency in local public services. It is an opportunity for non-executive councillors to review policies, decisions and services of the Council and other organisations operating in Wirral to ensure they meet the needs of the community and, where necessary, makes recommendations for improvement.

Health Scrutiny not only holds Council decision makers to account but also reviews and scrutinises commissioning and delivery across the health and social care system to ensure reduced health inequalities, access to services and the best outcomes for local people. The Families and Wellbeing Policy & Performance Committee is the key committee for the purposes of fulfilling the statutory requirements of health scrutiny. The role of health scrutiny includes:

- The right to be consulted by any local commissioner on any proposed substantial variation or development in health care provision and power to refer to the Secretary of State if not satisfied with the commissioner's proposals;
- The power to scrutinise any provider or commissioner of health services, including the independent sector; to require attendance at meetings and the provision of information;
- The power to make recommendations to commissioners and providers of health services;
- The ability to scrutinise the effectiveness of the Health and Wellbeing Board and to make reports and recommendations to the Board;
- The authority to make statements on the annual Quality Account of local health providers and to engage with providers on the development of their priorities for improvement;
- A duty to receive reports submitted by Healthwatch Wirral;

## 2.3 Healthwatch Wirral

Healthwatch Wirral is an independent consumer champion for both health and social care. Providing a Healthwatch is a statutory requirement for all local authorities to enable patients and carers to have a safe, secure environment within which they can share their health and care concerns and experiences. The Healthwatch network was established as part of the Health and Social Care Act 2012. The aim of Healthwatch Wirral is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in the locality. In addition, Healthwatch Wirral provides, or signposts, people to information to help them make choices about health and care services.

The role of Healthwatch Wirral includes:

- enabling people to share their views and concerns about their local health and social care services and helping to build a picture of where services are doing well and where they can be improved;
- the right to alert Healthwatch England, Care Quality Commission (CQC), the Board and/or council scrutiny committees where appropriate, to concerns about specific care providers, health or social care matters;

- the power to give authoritative, evidence based feedback to organisations responsible for commissioning or delivering local health and social care services.
- the ability to provide people with information about their choices and what to do when things go wrong, as well as signposting people to how they can access services;

### **3. Statutory obligations**

All three bodies have a legal basis and within their statutory functions there are specific legal obligations that exist between them:

- The Health and Wellbeing Board has a duty to involve Healthwatch Wirral in the preparation of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Wirral.
- Healthwatch Wirral must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Wirral must provide a copy of its annual report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Wirral and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Wirral.

### **4. Working Principles**

Given that the shared aims of the Board, Healthwatch Wirral and Health Scrutiny are to improve the health and wellbeing of the people of Wirral through the commissioning and delivery of high quality services, each undertakes to:

- have a shared understanding of respective roles, responsibilities, priorities and different perspectives;
- work in a climate of mutual respect, courtesy and transparency;
- engage in early discussions on issues of common interest to ensure a joined up approach;
- promote and foster an open relationship where issues of common interest are shared and challenged in a constructive way;
- share work programmes, agendas, reports, minutes and relevant information to avoid the unnecessary duplication of effort;
- advocate for the roles of each other's organisations.

### **5. Working Arrangements and Commitments**

In order to foster closer working arrangements and to avoid duplication of effort, the following commitments will apply:

**Wirral Health and Wellbeing Board will:**

- Share its work programme with Health Scrutiny and Healthwatch Wirral.
- Update Health Scrutiny on its progress with the JSNA and provide assurance that progress is being made to deliver the outcomes in the JHWS.
- Be subject to scrutiny by Health Scrutiny and provide information and attend meetings as requested to assist in their scrutiny work.
- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) to undertake a particular piece of work within its remit (Health Scrutiny may choose not to do so).
- Ensure Healthwatch Wirral is a core member of the Board and involved in the preparation of the JSNA and JHWS.
- Take account of and respond to information produced by Healthwatch Wirral;
- Request (subject to available resource) Healthwatch Wirral undertakes a particular piece of work in order to inform the Board of public opinion and experiences of services to inform refreshes of the JSNA and JHWS (Healthwatch Wirral may choose not to do so).
- Receive reports and information from Healthwatch Wirral on any key themes or trends identified through engagement with patients, service users, carers and the public which impact on the delivery of the outcomes in the JHWS.

**Health Scrutiny Committee will:**

- Share its work programme with the Board and Healthwatch Wirral.
- Seek the views of the Board and Healthwatch Wirral when formulating Health Scrutiny work programmes.
- Take account of and respond to the views and recommendations of the Board and Healthwatch Wirral.
- Hold the Board to account for its work to improve the health and wellbeing of the people of Wirral, including its responsibilities in relation to the JSNA and JHWS.
- Make reports and recommendations to the Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.
- Notify Committee members of the Board meeting agendas (and reports, where appropriate).
- Request Healthwatch Wirral (subject to available resource) to submit relevant intelligence and information to support scrutiny work.
- Invite representatives from Healthwatch Wirral to attend as required and, at the Chairman's discretion, speak at Health Scrutiny meetings.
- Request Healthwatch Wirral (subject to available resource) undertakes a particular piece of work to inform Health Scrutiny activity. This may include asking Healthwatch Wirral to use its 'Enter and View' powers (Healthwatch Wirral may choose not to do so).
- Refer relevant issues to Healthwatch Wirral in line with the process detailed in Section 6 of this agreement.

- Acknowledge and respond to referrals from Healthwatch Wirral in line with the process detailed in Section 6 of this agreement.
- Consider Healthwatch Wirral's annual report.
- Seek the views of Healthwatch Wirral to support its detailed scrutiny review work.
- Invite Healthwatch Wirral to be a member of working groups, where appropriate, for example, the Health and Care Performance Panel.

**Healthwatch Wirral will:**

- Work with the Board and Health Scrutiny to provide information and comments as the public champion.
- Provide the Board and Health Scrutiny with a copy of its Annual Report.
- Share its work programme with the Board and health scrutiny.
- Appoint one person (and a nominated substitute) to represent Healthwatch Wirral on the Board.
- Provide relevant public opinions and experiences about services to support the work of the Board and the development of the JSNA / JHWS.
- As a member of the Board, provide information and challenge from the perspective of the public, service users and carers.
- Provide Health Scrutiny with a copy of any report that responds to a consultation exercise undertaken by Healthwatch Wirral on behalf of local health or social care commissioners and providers or of its own volition.
- Highlight concerns about services to Health Scrutiny and, where appropriate make a referral in line with the process set out in Section 6 of this agreement.
- Share data and intelligence with health scrutiny, such as the concerns / findings from 'Enter and View'.
- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services.
- Acknowledge and respond to referrals from Health Scrutiny in line with the process detailed in Section 6 of this agreement.
- Attend meetings of the Health and Care Performance Panel, which reports to the Families and Wellbeing Policy & Performance Committee.

**6. Referral Process**

**6.1 Referrals from Healthwatch Wirral to Health Scrutiny:**

If, during the course of its work Healthwatch Wirral identifies an issue which it feels warrants further exploration, it can make a referral to Health Scrutiny. The referral needs to be made in writing to the Chairman of Wirral Health Scrutiny Committee via the Scrutiny Officer. The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered at the next available meeting of the Health Scrutiny Committee. All effort will be made to ensure that referrals are dealt with in a timely manner. Healthwatch Wirral will be informed of the outcome of this consideration and if the request is supported, details of how the matter will be taken forward. If Health Scrutiny decides not to act on the referral it will provide reasons for not doing so.

**6.2 Referrals to Healthwatch Wirral:**

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Wirral it can make a referral. Referrals should be made in writing to the Healthwatch Wirral Manager.

The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Wirral decided not to act on a referral it will provide reasons why to Health Scrutiny.

**7. Review Arrangements**

This protocol will be reviewed a year after its agreement and annually thereafter or in response to any new national guidance issued in relation to Health and Wellbeing Board, Health Scrutiny or Healthwatch.

Where there is concern that this protocol is not succeeding, resolution will be sought through communication between the Chairs.

**8. Signatures**

*To be signed by the Chair of the three bodies.*

.....Date  
Chairman, Wirral Health and Wellbeing Board

.....Date  
Chairman, Wirral Health Scrutiny Committee

.....Date  
Chairman, Healthwatch Wirral

DRAFT VERSION 4

**PROGRESS CHECKER**

<b>Understanding of roles and responsibilities influences good working relationships and performance</b>	
<b>Indicators – working well</b>	<b>Indicators – not working well</b>
A clear understanding of roles, powers and responsibilities	Lack of distinction of roles and poor understanding of where boundaries lie
Partnership decisions are open to effective scrutiny	Underdeveloped arrangements for scrutiny of partnerships decisions
<b>Behaviour and conduct influence good working relationships and performance</b>	
<b>Indicators – working well</b>	<b>Indicators – not working well</b>
Culture of trust and respect	Mistrust and lack of respect
Commitment to agreed priorities	Relationships too close and decisions made without proper challenge or debate
Recognition of the value each group brings (through referral, consultation, debate)	Lack of understanding and respect for other partners’ points of view, cultures and structures.
<b>The provision of guidance, information and support influences good working relationships and performance</b>	
<b>Indicators – working well</b>	<b>Indicators – not working well</b>
Recognition of the benefit of developing knowledge and skills and individuals feel well supported by training and guidance	Poor briefing material, information to support decision taking and accountability
Seeking out examples of good practice, and sharing research.	Insular approach with poor networking
Partners are happy about the accuracy, regularity and timeliness of the information	Weak alignment between partnership and corporate plans, targets and delivery

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## WIRRAL COUNCIL

### FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

30<sup>TH</sup> JUNE 2015

<b>SUBJECT:</b>	<b>POLICY BRIEFING PAPER – JULY 2015</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>STRATEGIC DIRECTOR – FAMILIES AND WELLBEING</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>TONY SMITH CHRIS MEADEN CHRIS JONES</b>
<b>KEY DECISION?</b>	<b>NO</b>

#### 1.0 EXECUTIVE SUMMARY

1.1 This report presents Committee Members with the July Policy Briefing papers which include an overview of ongoing and recent national legislation, bills presented to Parliament and emerging policies.

#### 2.0 BACKGROUND AND KEY ISSUES

2.1 The policy briefing papers are intended to provide Members with the latest position on emerging policy and legislative developments to support the committees work programme and future scrutiny work.

2.2 During the course of the 2015-16 municipal year, the Council's Policy and Strategy team will prepare four policy briefing papers which will be reported to the Policy and Performance Committees for consideration. The following table outlines the timetable for the preparation and reporting of policy briefing papers:

<b>Policy Papers</b>	
<b>July 2015</b>	The first policy briefing will focus predominately on the Queen's Speech, which will establish the Government's legislative programme for the parliamentary year ahead.
<b>September 2015</b>	The second policy briefing will be produced in September and will focus predominately on the Chancellor's July 2015 Budget Statement. The policy briefing will provide an update on policy and legislation and will consider relevant implications for Wirral.

<b>Policy Papers</b>	
<b>January 2016</b>	The third policy briefing will be produced in accordance with the local government finance settlement which informs the annual determination of funding to local government. The policy briefing will provide an update on policy and legislation and will consider relevant implications for Wirral.
<b>March 2016</b>	The fourth policy briefing will focus upon the Chancellor of Exchequers Budget. The policy briefing will provide an update on policy and legislation and will consider relevant implications for Wirral.

2.3 The July Policy Briefing papers focus predominantly on the policies and legislation that have emerged from the newly formed Conservative Government. The papers provide a high level summary based on the available information released by Central Government at this time. It is expected that the September Briefing Paper will be more detailed following the release of further information from Government and will also consider the implications for Wirral.

2.4 The Committee may wish to identify specific policy areas to focus upon which are in line with the Committee's work programme. Detailed briefing papers can be prepared for these subject matters at the request of the Committee which would be in addition to the regular policy briefing papers outlined above.

### **3.0 RELEVANT RISKS**

3.1 No specific risks identified.

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 None considered.

### **5.0 CONSULTATION**

5.1 Not applicable.

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

6.1 Not applicable.

### **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

7.1 There are none arising directly from this report. Any implications identified in ongoing and recent national legislation and policy will require further consideration by the Council to identify the appropriate action that will be taken.

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

8.1 There are none arising directly from this report. Any implications identified in ongoing and recent national legislation and policy will require further consideration by the Council to identify the appropriate action that will be taken.

## **9.0 LEGAL IMPLICATIONS**

9.1 There are none arising directly from this report. Any implications identified in ongoing and recent national legislation and policy will require further consideration by the Council to identify the appropriate action that will be taken.

## **10.0 EQUALITIES IMPLICATIONS**

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

(c) No because of another reason which is

The policy briefing is intended to provide Committee Members with an overview of ongoing and recent national legislation, bills presented to Parliament, emerging policies and upcoming consultations.

The local implementation of any policy or legislation will require an individual equality impact assessment.

## **1.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS**

11.1 There are none arising directly from this report. Any implications identified in ongoing and recent national legislation and policy will require further consideration by the Council to identify the appropriate action that will be taken.

## **12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

12.1 There are none arising directly from this report. Any implications identified in ongoing and recent national legislation and policy will require further consideration by the Council to identify the appropriate action that will be taken.

## **13.0 RECOMMENDATION/S**

13.1 Committee Members are requested to note the contents of the Policy Briefing papers and identify any area of focus for further detailed policy briefings to be provided.

## **14.0 REASON/S FOR RECOMMENDATION/S**

14.1 To provide Committee Members with an overview of ongoing and recent national legislation and emerging policy developments.

## **APPENDICES**

1. Policy Papers – July 2015

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
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<b>Not applicable</b>	<b>N/A</b>
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# Policy Inform: Families and Wellbeing

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## *Directorate Policy: July 2015*

*The Directorate Policy briefings will provide an overview of ongoing and recent national legislation, bills presented to Parliament, emerging policies and upcoming consultations. The Directorate Policy briefing will be produced specifically to inform Portfolio Holders and Elected Members and will be taken to Policy & Performance Committees for discussion.*

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# Introduction

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The policy briefing paper is intended to provide Members of the Policy and Performance Committee with the latest position on emerging policy and legislative developments to support the committees work programme and future scrutiny work.

During the course of the 2015-16 municipal year, it is proposed that the Council's Policy and Strategy team prepares four policy briefings papers for consideration by the Committee. The following table outlines the timetable for the preparation and reporting of policy briefing papers:

<b>Policy &amp; Performance Committee Briefings</b>	
<b>July 2015</b>	The first policy briefing will focus predominately on the Queen's Speech, which will establish the Government's legislative programme for the parliamentary year ahead.
<b>September 2015</b>	The second policy briefing will be produced in September and will focus predominately on the Chancellor's July 2015 Budget Statement. The policy briefing will provide an update on policy and legislation and will consider relevant implications for Wirral.
<b>January 2016</b>	The third policy briefing will be produced in accordance with the local government finance settlement which informs the annual determination of funding to local government. The policy briefing will provide an update on policy and legislation and will consider relevant implications for Wirral.
<b>March 2016</b>	The fourth policy briefing will focus upon the Chancellor of Exchequers Budget. The policy briefing will provide an update on policy and legislation and will consider relevant implications for Wirral.

The July Policy Briefing paper focuses predominantly on the policies and legislation that have emerged from the newly formed Conservative Government. The paper provides initial information based on the available information released by Central Government at this time. It is expected that the September Briefing Paper will be more detailed following the release of further information from Government and will also consider the implications for Wirral.

The Committee may wish to identify specific policy areas to focus upon which are in line with the Committee's work programme. Detailed briefing papers can be prepared for these subject matters at the request of the Committee which would be in addition to the regular policy briefing papers outlined above.

# Conservative Manifesto

## Conservative Manifesto- Key Points :

On 14<sup>th</sup> April 2015, the Conservative Party launched their Manifesto which outlined their party pledges for the parliamentary year ahead if they were elected into Government. The columns below identify the manifesto themes that are of most relevance to local government and more specifically to the Families and Wellbeing Policy and Performance Committee. The majority of the pledges identified have recently been referenced in further detail within the Queen's Speech, following the success of the Conservative Party in the 2015 General Election.

### Education

- Investing £7bn over the course of the next Parliament to provide "good school places"
- Opening at least 500 new free schools and turning failing schools into academies
- Protecting the schools budget; increasing the amount spent on schools as the number of pupils increases
- Scrapping the cap on higher education student numbers
- Support primary school sport with £150 million a year, paid directly to headteachers, until 2020
- Introduce new standards for literacy and numeracy in primary schools.
- Require secondary school pupils to take GCSEs in English, maths, science, a language and history or geography.
- Expand the National Leaders of Education programme to let the best headteachers take control of failing primary schools
- Increase the number of teachers able to teach Mandarin and train an extra 17,500 maths and physics teachers over the next five years.
- Expand the National Citizen Service and guarantee a place for every 16 and 17-year-old who wants one

### Health and Social Care

- Provide seven-day-a-week access to NHS services
- Signed up to NHS Forward View and increase NHS spending to £8bn a year by 2020
- Continue to integrate the health and social care systems, joining up services between homes, clinics and hospitals and pilot new approaches like the Greater Manchester one and the Better Care Fund.
- Tackle health tourism and recover up to £500 million from migrants who use the NHS by the middle of the next Parliament
- Deliver the Prime Minister's Challenge on Dementia 2020
- Support commissioners to combine better health and social care services for the terminally ill so that more people are able to die in a place of their choice
- Ensure that there are therapists in every part of the country providing treatment for those who need mental health treatment
- Increase funding for mental health care.

### Other areas of interest

- Cut £12 billion from Welfare Spending
- Abolish Human Rights Act and replace with British Bill of Rights
- Retain Police and Crime Commissioners
- Police reform to continue with a commitment to keep people with mental health problems out of police cells, a pledge to boost police diversity and mandatory action to scale back untargeted police stop and search operations.
- Increasing the minimum wage to £6.70 by the autumn and to £8 by the end of the decade
- Support Living wage and encourage employers to pay it
- Replacing Jobseeker's Allowance for 18-21 year-olds with a Youth Allowance time-limited to six months. After that, they will have to take an apprenticeship, traineeship or do community work to claim benefits

# Queen's Speech 2015

On Wednesday 27<sup>th</sup> March 2015, the Queen unveiled the Government's legislative plans for the year ahead. Below is a list of each individual Bill which will have implications for local government that were announced during the speech. The list identifies the Policy and Performance committee with whose remit the legislation most closely aligns:

Legislative Plans	Policy and Performance Committee
National Insurance Contributions Bill/ Finance Bill	Transformation and Resources
Full Employment and Welfare Benefits Bill	All Policy and Performance Committees
Trade Unions Bill	Transformation and Resources
Housing Bill	Regeneration and Environment
Cities and Local Government Devolution Bill	Regeneration and Environment
Buses Bill	Regeneration and Environment
High Speed Rail Bill	Regeneration and Environment
Childcare Bill	Families and Wellbeing
Energy Bill	Regeneration and Environment
Education and Adoption Bill	Families and Wellbeing
Enterprise Bill	Regeneration and Environment
Policing and Criminal Justice Bill	Families and Wellbeing Transformation and Resources
Draft Public Service Ombudsman Bill	Transformation and Resources
Psychoactive Substances Bill	Families and Wellbeing

Additional bills that have been announced are outlined below. These will be monitored in relation to any emerging implications for Local Government and reported to the relevant Policy and Performance Committee as appropriate.

Additional Legislative Plans
EU Referendum Bill
Scotland Bill
Immigration Bill
Extremism Bill
Investigatory Powers Bill
Charities Bill
Armed Forces Bill
Bank of England Bill
Northern Ireland (Stormont House Agreement) Bill
Wales Bill
Votes for Life Bill

The bills relevant to the Families and Wellbeing Committee are discussed in further detail below. The information provided has been sourced predominately from the LGiU, as well as SOLACE and the LGC and therefore solely represents a fact-based introduction to the bills.

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## **Childcare Bill**

***“Help working people by greatly increasing the provision of free childcare.”  
(The Queen’s Speech)***

### **Synopsis:**

The purpose of the Childcare Bill is to help support working people from the start of their family life and help hard-working families with the costs of childcare and support parents in work. The changes aim to help 600,000 children a year from 2017.<sup>ii</sup>

### **Key Points:**

The main elements of the Bill are to:

- Deliver on the Government’s election manifesto commitment of giving families where all parents are working an entitlement to 30 hours a week of free childcare for their three- and four-year olds for 38 weeks of the year (equivalent of the school year).
- Require local authorities to publish information about the provision of childcare in the local authority area, and other services or facilities which might be of benefit to parents or prospective parents, or children or young persons in their area.<sup>iii</sup>

### **Any Further Detail:**

Childcare plans had been outlined in the Conservatives' election manifesto, which identified that the £350m-a-year cost of the Bill would be funded through reductions in tax relief on pension contributions.

Currently, all three-and-four-year-olds in England are entitled to 570 hours a year of free early education or childcare at nurseries, play and pre-school groups, Sure Start children's centres, or with childminders. Two-year-olds from the poorest families also qualify. The 570 hours equate to 15 hours a week over a 38-week school year but can be spread over the year.<sup>iv</sup>

The new legislation requires local authorities to publish information about the provision of childcare in each local authority area, and other services or facilities which might be of benefit to parents or prospective parents, or children or young persons in their area.<sup>v</sup>

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## **Education and Adoption Bill**

***“Improve schools and give every child the best start in life.”  
(The Queen’s Speech)***

### **Synopsis:**

The purpose of the Education and Adoption Bill is to strengthen the government’s intervention powers in failing maintained schools and to introduce measures that will enable them to deliver regional adoption agencies.<sup>vi</sup>

### **Key Points:**

The main elements of the Bill are to:

- The Bill would give Regional Schools Commissioners powers to bring in leadership support from other excellent schools and heads, and would speed up the process of turning schools into academies.

- An inadequate Ofsted judgment would usually lead to a school being converted into an academy, and barriers would be removed to ensure swift progress towards conversion.
- It would make schools that meet a new coasting definition, having shown a prolonged period of mediocre performance and insufficient pupil progress, eligible for academisation.
- A coasting definition will be set out in due course according to a number of factors.<sup>vii</sup>

### **Any Further Detail:**

The Bill introduces measures aimed to create regional adoption agencies which will operate across local authority boundaries, increasing the speed and scale at which adoption services are delivered. In order to create regional adoption agencies, this legislation will give the Secretary of State new powers to direct a number of local authorities to have adoption functions carried out on their behalf, these are: the recruitment, assessment and approval of prospective adopters; decisions about which prospective adopters a child should be matched with; and the provision of adoption support services.<sup>viii</sup>

### **For More Information:**

[John Fowler, Education and Children's Services- Queen's Speech and Conservative Manifesto Commitments, LGiU, 28/05/15](#)

## **Full Employment and Welfare Benefit Bill**

***“Achieve full employment and provide more people with the security of a job.”***  
***(The Queen's Speech)***

### **Synopsis:**

The aim of this bill is to achieve full employment. The legislation will continue to expand the Troubled Families Programme as well as continue welfare reform, capping benefits and requiring young people to 'earn or learn'.<sup>ix</sup>

### **Key Points:**

The main elements of the Bill are to:

- A working-age benefit freeze.
- The new legislation would freeze the main rates of the majority of working age benefits, tax credits and Child Benefit for two years from 2016-17. Pensioners would be protected, as would benefits relating to the additional costs of disability. Statutory payments, such as Statutory Maternity, Paternity, and Adoption Pay would also be exempted.
- The new legislation would lower the benefit cap so that the total amount of benefits a non-working family can receive in a year would be £23,000.
- Households are exempt where someone is entitled to Working Tax Credit or is in receipt of benefits relating to additional costs of disability, or War Widow's and Widower's Pension.
- The Bill includes a duty to report annually on progress against meeting our target of 3 million new apprenticeships.
- Troubled Families Programme: The Bill includes a duty to report annually on progress of the Troubled Families programme. The Bill also seeks to place a requirement on public bodies to provide information to the Secretary of State in order that he may fulfil that duty.

- Put in place a new Youth Allowance for 18-21 year olds with stronger work related conditionality from Day 1. After 6 months they will be required to go on an apprenticeship, training or community work placement;
  - Remove automatic entitlement to housing support for 18-21 year olds;
  - Provide Jobcentre Plus adviser support in schools across England to supplement careers advice and provide routes into work experience and apprenticeships.<sup>x</sup>
- 

## **Policing and Criminal Justice Bill**

***“Improve the law on policing and criminal justice”  
(The Queen’s Speech)***

### **Synopsis:**

This legislation is intended to continue the reform of policing with the aim of enhancing protections for vulnerable people.<sup>xi</sup>

### **Key Points:**

Aspects of the Bill potentially relevant to local government:

- The Bill would ensure 17 years olds who are detained in police custody are treated as children for all purposes under PACE.
  - In particular, the amendments to the provisions of PACE concerning 17 year olds include:
    - Ensuring an appropriate adult is present for drug sample taking;
    - Ensuring appropriate consent is granted by both the 17 year old and parent/ legal guardian for a range of interventions, including intimate searches; and
    - The ability to impose conditional bail to ensure the welfare and interests of the 17 year old.
  - Reforming legislation in relation to the detention of people under sections 135 and 136 of the Mental Health Act 1983 to ensure better outcomes for those experiencing a mental health crisis.
    - Prohibiting the use of police cells as places of safety for those under 18 years of age and further reducing their use in the case of adults;
    - Reducing the current 72 hour maximum period of detention; and
    - Extending the power to detain under section 136 to any place other than a private residence<sup>xii</sup>
-

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## **Psychoactive Substance Bill**

***“Ban the new generation of psychoactive drugs”  
(The Queen’s Speech)***

### **Synopsis:**

The legislation introduces a blanket ban on so-called legal highs.<sup>xiii</sup>

### **Key Points:**

The main elements of the Bill are to:

- The move is to protect UK citizens from the risks posed by untested, unknown and potentially harmful drugs.
- It would be an offence to produce, supply, offer to supply, possess, import or export psychoactive substances.
- The ban on legal highs will carry prison sentences of up to seven years.<sup>xiv</sup>

# Recent and Ongoing National Legislation

## The Care Act

### Synopsis:

The Care Bill received Royal Assent on the 14<sup>th</sup> May 2014 and has now been passed into law as the Care Act 2014.

The Care Act 2014 reforms the law relating to care and support for adults and support for carers. The new legislation makes provision about safeguarding adults from abuse, or neglect and makes provision about care standards, to establish and make provision about Health Education England and about the Health Research Authority. The Care Act presents major opportunities to improve local support for carers, giving a duty to local authorities to identify carers' needs as part of their preventative responsibilities, and a duty to NHS bodies to cooperate with local authorities on its functions.

### Key Dates:



### Any Updates:

On the 4<sup>th</sup> February 2015 the Department of Health published a set of documents which outlined plans for the regulations that will be used by local authorities to introduce a cap on the care costs for self-funding care users aged 65 and over and detail how a cap for working age adults and people under 25 could work.

The government claims an extra 80,000 people will benefit from the cap by 2025-26, while 23,000 people will benefit from the more generous residential care means-test in 2016-17 alone.

### For More Information:

The Department of Health- <http://careact2016.dh.gov.uk/>

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## **Serious Crime Act 2015**

### **Synopsis:**

The Serious Crime Act 2015 received Royal Assent on 3 March 2015. The Serious Crime Act 2015 (the Act) gives effect to a number of proposals and commitments made in the Government's Serious and Organised Crime Strategy. It updates existing law dealing with the proceeds of crime, cyber-crime, serious crime prevention orders, gang injunctions, child cruelty, female genital mutilation (FGM) and the commission of certain terrorism offences abroad.

### **Key Points:**

The Act is made up of six parts as follows:

1. Proceeds of crime.
2. Computer misuse.
3. Organised, serious and gang-related crime.
4. Seizure and forfeiture of drug-cutting agents.
5. Protection of children and others.
6. Miscellaneous and general.

### **For More Information:**

[Mark Upton, Serious Crime Act 2015: Part 5 Protection of Children, LGiU, 16/04/15](#)

# Policy Developments

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## NHS Five-Year Forward View

### **Synopsis:**

The NHS Five Year Forward View was published on 23<sup>rd</sup> October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years.

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

### **Any Recent Updates:**

The Queen's Speech 2015 highlighted that the Government aims to secure the future of the National Health Service by implementing the National Health Service's own five-year plan, by increasing the health budget, integrating healthcare and social care, and ensuring the National Health Service works on a seven day basis. Measures will be introduced to improve access to general practitioners and to mental healthcare.

### **Key Points:**

The main elements of the announcements are to:

- The Government will increase investment into the NHS by £8 billion a year by 2020;
- The Government is committed to 18 million patients having access to a GP at evenings and weekends
- They will continue with long-term plans to join up health and social care services.
- They will increase access to and improve waiting times for mental health services.

### **For More Information:**

[NHS England, NHS Five-Year Forward View](#)

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## House of Commons Education Report: Apprenticeships and Traineeships for 16-19 year olds

### Synopsis:

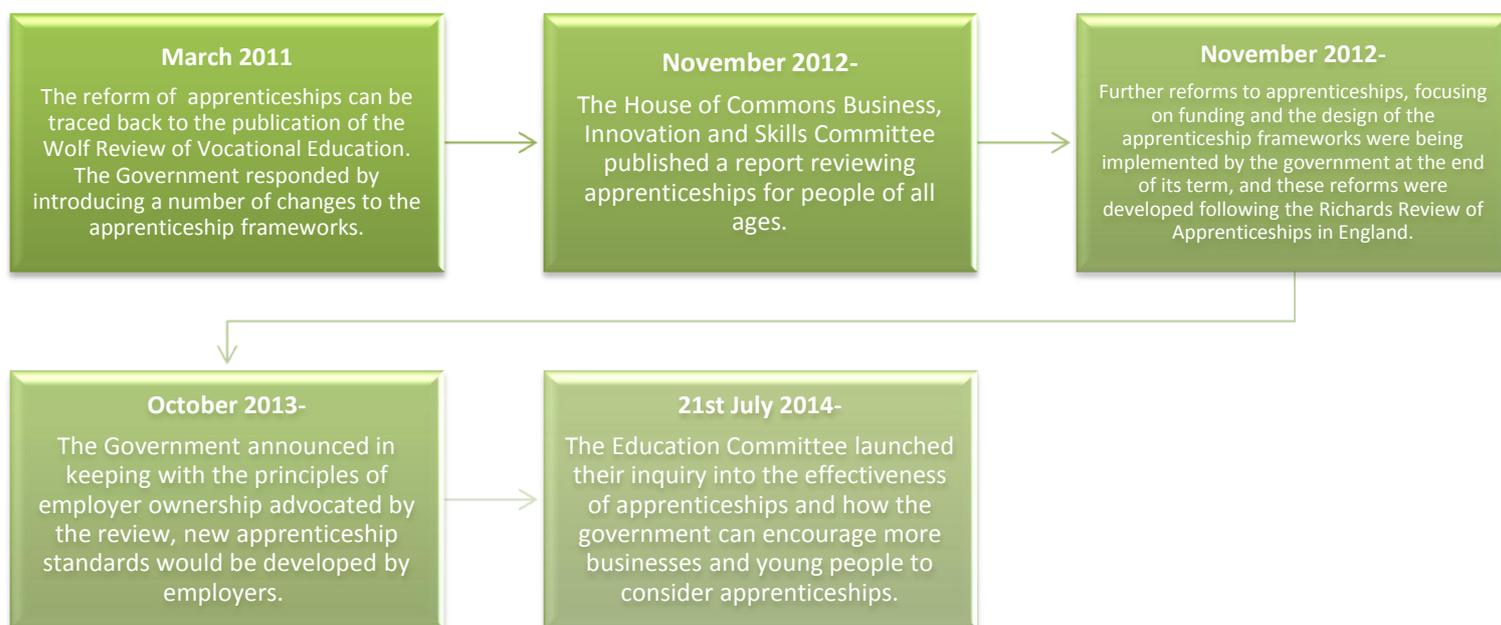
In recent years, the operation of Government-funded apprenticeships and vocational education has undergone significant change due to concerns about the number of young people entering into apprenticeships and the quality of apprenticeships. On the 21<sup>st</sup> July 2014, the Commons Education Committee launched an inquiry into the effectiveness of apprenticeships, whether apprenticeships represented value for money for the Government and how the Government could encourage more businesses and young people to consider apprenticeships and traineeships.

On the 9<sup>th</sup> March 2015 the House of Commons published a report entitled 'Apprenticeships and Traineeships for 16-19 year olds' which examined the main findings from the inquiry.

### Any Recent Updates:

The report found that the central challenge for the Government's reform programme is to increase the number of young apprenticeship opportunities while ensuring that quality is at least maintained if not improved. The report stated that it supported the Government's efforts to give employers greater say, control and stake in apprenticeships but it must guard against system changes which deter employers, and smaller employers in particular, from participating.

### Key Dates:



### For More Information:

[Kathy Baker, Apprenticeships and Traineeships for 16-19 year olds: Commons Education Committee, LGiU, 30/04/15](#)

## **ENDNOTES:**

- 
- <sup>i</sup> Janet Sillett, Briefing: Conservative Manifesto Commitments- The Local Government Perspective, LGiU, 12/05/15
- <sup>ii</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>iii</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>iv</sup> Queen’s Speech 2015: Bill-by-bill, BBC, 27/05/15
- <sup>v</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>vi</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>vii</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>viii</sup> Martina Cicakova, Queen’s Speech Briefing, SOLACE, 27/05/15
- <sup>ix</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>x</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>xi</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>xii</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>xiii</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15
- <sup>xiv</sup> Hannah Blythe et al, Briefing: Queen’s Speech 2015, LGiU, 27/05/15

## **SOURCES EMBEDDED WITHIN THE PAPER:**

- The Department of Health- <http://careact2016.dh.gov.uk/>
- [Mark Upton, Serious Crime Act 2015: Part 5 Protection of Children, LGiU, 16/04/15](#)
- [NHS England, NHS Five-Year Forward View](#)
- [Kathy Baker, Apprenticeships and Traineeships for 16-19 year olds: Commons Education Committee, LGiU, 30/04/15](#)

## WIRRAL COUNCIL

### FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

30<sup>TH</sup> JUNE 2015

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

#### 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 as agreed for the 2014/15 municipal year. There is also an opportunity for members to review the programme for the new municipal year.

#### 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 In determining items for the Scrutiny Work Programme, good practice recommends the following criteria could be applied:
- Public Interest – topics should resonate with the local community
  - Impact – there should be clear objectives and outcomes that make the work worthwhile
  - Council Performance – the focus should be on improving performance
  - Keeping in Context – should ensure best use of time and resources
- 2.3 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 work programme as at the end of the 2014/15 municipal year is attached as Appendix 1.
- 2.4 Initial discussions have been held with the Chair, Vice Chair and Group Spokespersons. Preliminary suggestions for a work programme are described below. Members are welcome to make further suggestions for items to be included on the work programme.

#### 3.0 SCRUTINY REVIEWS - UPDATE

- 3.1 Safeguarding Children Scrutiny Review  
This review is now nearing completion. Further evidence-gathering sessions have been held. Members are now concluding the review by assessing the evidence found to date and starting to consider potential recommendations. It is anticipated that the report from this scrutiny review will be available for the Committee meeting in September.

### 3.2 Care in the community and avoiding admissions.

Committee has previously 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. Due to the election period, progress with the review has been delayed. It is now hoped to arrange a meeting to discuss the scope of the review in July.

### 3.3 Children's Centres / Early Years Provision

Members agreed, at the Committee meeting on 23<sup>rd</sup> March 2015, that this topic should be added to the work programme for the new municipal year. It is suggested that the review centres upon 'Giving Wirral children the best start in life' and will be commenced later in the municipal year.

## 4.0 REPORTS DEFERRED FROM 2014/15 MUNICIPAL YEAR

It is proposed that a number of suggested items for reports to Committee are rolled forward from the previous year's work programme. The items will be considered as follows:

- Wirral University Teaching Hospital – Cost Improvement plan and A&E targets (The first of these reports was presented to Committee in February 2015. At the time, members requested quarterly updates).  
*Propose to refer to Health & Care Performance Panel*
- Schools Traded Services (A presentation was received in Dec 2014. At that meeting, future progress reports were proposed)  
*Propose report to Families & Wellbeing P&P Committee in September 2015*
- All-age disability service (Report deferred from 2014/15 municipal year).  
*Propose Spotlight session in second half of September 2015*
- Anti-social behaviour, emphasising on youth (Report presented to Committee in February 2015. At the time, a follow-up report was requested. However, it is now proposed that anti-social behaviour will transfer to the remit of Transformation and Resources P&P Committee).  
*Propose to remove from the Families and Wellbeing P&P Committee work programme*
- Child poverty strategy (Report presented to Committee in February. Members requested future progress reports).  
*Propose report to Families & Wellbeing P&P Committee in September 2015*
- Dementia-friendly Council (This was a Notice of Motion supported by Committee in September 2014 and referred back to Council in December 2014. At the time, members requested progress reports).  
*Propose report to Families & Wellbeing P&P Committee at a future date*

## **5.0 SPOTLIGHT SESSIONS**

- 5.1 During the previous municipal year, members held Spotlight sessions, which, in an informal setting, enabled topics to be explored in greater detail than time would allow during the formal Committee meeting. It is proposed that such sessions will be arranged during forthcoming municipal year and will be referred to as 'Focus on .....' sessions.
- 5.2 It is suggested that further sessions will be held during the new municipal year as follows:
- July 2015 – Vanguard project (John Develing / Clare Fish)
  - Sept 2015 – All-age disability (Clare Fish / Julia Hassall)
  - Later 2015 – Mental Health (Clare Fish)
  - Later 2015 – Implementation of the Care Act: update (Graham Hodgkinson)

## **6.0 REPORTS DISTRIBUTED TO MEMBERS SINCE THE LAST COMMITTEE MEETING**

- 6.1 The Chair is proposing that, as with the previous municipal year, 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.
- 6.2 Since the last Committee meeting on March 23<sup>rd</sup> 2015, one report has been distributed to members in this way:  
Local Government Declaration on Tobacco Control – update report  
<http://democracy.wirral.gov.uk/ecSDDisplay.aspx?NAME=SD977&ID=977&RPID=500158622&sch=doc&cat=13587&path=13586%2c13587>

## **7.0 ATTAINMENT (CHILDREN) SUB-COMMITTEE**

- 7.1 The latest meeting of the Attainment Sub-Committee was held on 4<sup>th</sup> March. The minutes of that meeting are included as a separate item on the agenda for this meeting. A separate report on this agenda also provides an overview of proposed plans for the Sub-Committee during the forthcoming municipal year.

## **8.0 HEALTH & CARE PERFORMANCE PANEL**

- 8.1 A meeting of the Health & Care Performance Panel was held on the 1<sup>st</sup> April, when the main item on the agenda was a visit by officers from Wirral University Teaching Hospital to provide an update to the action plan arising from last September's CQC inspection. A report from that meeting can be found as a separate item on the agenda for this meeting.
- 8.2 Sessions were also held on 12<sup>th</sup> May when members reviewed the draft Quality Accounts of the local health providers (Wirral University Teaching Hospital, Cheshire and Wirral Partnership Trust, Wirral Community Trust and Clatterbridge Cancer Centre) following presentations from each of the partners. As a result, formal responses, to be included in the final versions of the Quality Accounts, were sent to the partners, on behalf of the Committee. The draft Quality Account for North West Ambulance Service has also been reviewed and a formal response sent.

8.3 A separate report on this agenda also provides an overview of proposed plans for the Panel during the forthcoming municipal year.

## **9.0 CARE QUALITY COMMISSION – PLANNED INSPECTION OF CHESHIRE & WIRRAL PARTNERSHIP NHS FOUNDATION TRUST**

9.1 A letter has been received from the Care Quality Commission (CQC) advising the Chair of the Committee of the July-September 2015 CQC Inspection programme. The programme includes an announced inspection of Wirral University Foundation Teaching Hospital. The inspection is scheduled for September 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.

9.2 As previously reported, an inspection of Cheshire and Wirral Partnership NHS Foundation Trust is also due to take place towards the end of June 2015.

## **10.0 PROGRESS IMPLEMENTING PREVIOUS RECOMMENDATIONS**

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

## **11.0 FRAMEWORK FOR EFFECTIVE WORKING BETWEEN THE HEALTH & WELLBEING BOARD, HEALTHWATCH AND HEALTH SCRUTINY**

11.1 Committee has been previously informed of the intention to hold meetings between representatives of health scrutiny, Healthwatch and the Health & Wellbeing Board to propose areas for collaborative working and avoid duplication between the three bodies. A draft protocol, which is reported as a separate item on this agenda, has been developed to promote more joined-up working.

## **12.0 RECOMMENDATIONS**

12.1 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 required additions.

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

Updated - 01/05/2015

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
<b>Committee Dates</b>					Tues 8th		Tues 9th		Mon 3rd	Tues 2nd		Mon 2nd	Mon 23rd		
<b>Scheduled Reviews</b>															
Safeguarding Children	Cllr Moira McLaughlin	Agreed by P&P Committee on 5th Dec 2013													To complete
Domestic Violence	Cllr Janette Williamson	Agreed by P&P Committee on 9th Sept 2013													In abeyance
Future Council options	Cllr 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 to work during the 2015/16 municipal year.
<b>Impact Report from previous In-depth Reviews</b>															
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.
<b>Reports Requested to Committee</b>															
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													Committee (23/03/15) agreed to recommend this topic for task & finish work during the 2015/16 municipal year.
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													Complete

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													Complete
Disability service for children: budget option - progress report	Julia Hassall	Agreed by Spokespersons, 24th Feb 2015													Deferred until 2015/16 municipal year
Wirral University Teaching Hospital - Financial governance update and Monitor investigation	David Allison	Requested by Chair													Complete
<b>Reports to be distributed to Members for information</b>															
Audit on Public Health Annual Report 2012/13 (Social Isolation) - The response of partners	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													Outstanding
Public Health Annual Report 2013/14	Fiona Johnstone / Julie Webster														Outstanding
Fostering Annual Report	Julia Hassall / Simon Fisher														Outstanding
Adoption Annual Report	Julia Hassall / Simon Fisher														Outstanding
Health & Wellbeing Strategy	Fiona Johnstone														
Local Government Declaration on Tobacco Control - update	Julie Webster	Agreed by Spokespersons 7th January 2014													Complete
<b>Referrals from other Committees</b>															
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
<b>Standing Items</b>															
Performance Dashboard															
Financial Monitoring															
Policy Update															
Special Budget meeting															
<b>Spotlight Sessions</b>															
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
<b>Attainment Sub-Committee</b>															
Sub-Committee meetings							1st			10th			4th		
<b>Health &amp; Care Performance Panel</b>															
Panel meetings								20th	19th	11th		4th		1st	Draft Quality Accounts of health partners will be reviewed at a session on Tuesday 12th May 2015